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FOR PEOPLE OF AFRICAN DESCENT IN THE LIFE

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Legalizing Gay Marriage

What Black Gays & Lesbians Really Think!

PLUS! Best Wedding Designs For 1998

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VOL 4 NO 1 1998 $2.95 USA

PUT SOME FREEDOM INTO YOUR HIV MEDICATION SCHEDULE

It takes strong medicines to fight HIV. But your medicines also have to be easy to take. That's why many people now take ZERIT (also known as d4T) as part of their HIV therapy.

Most people tolerate ZERIT quite well. You take just one capsule twice a day, with or without food. And you can combine ZERIT with most other medicines you might be taking.

ZERIT is approved for the treatment of HIV-infected persons who have already received prolonged AZT therapy. However, there is no cure for HIV infection. People taking ZERIT may still develop infections or other conditions associated with HIV. Please note that all HIV drugs cause side effects. ZERIT has been shown to cause tingling or pain in the hands or feet in 13% to 24% of people.

ASK YOUR DOCTOR ABOUT

ZERIT®

(stavudine) Capsules

ALSO KNOWN AS d4T

Please see brief summary of prescribing information on following page.

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CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

ZERIT® (stavudine)

ZERIT® (stavudine) Capsules

ZERIT® (stavudine) for Oral Solution

Brief Summary of Prescribing Information, 10/96. For complete prescribing information, please consult official package circular.

INDICATIONS AND USAGE

ZERIT (stavudine) is indicated for the treatment of HIV-infected patients who have received prolonged prior zidovudine therapy.

The duration of clinical benefit from antiretroviral therapy may be limited. Alteration in antiretroviral therapy should be considered if disease progression occurs while receiving ZERIT.

CLINICAL STUDIES

Study AI455-019 was a multi-center, randomized, double-blind trial of ZERIT Capsules vs zidovudine for the treatment of HIV-infected adults with CD4 counts of 50 to 500 cells/mm³ who had received at least six months prior zidovudine treatment. ZERIT was administered in dosages of 40 mg BID for patients weighing ≥60 kg, and 30 mg BID for those weighing <60 kg. The zidovudine dosage was 200 mg TID.

The study enrolled 822 patients with a median baseline CD4 count of 235 cells/mm³ (range: 10 to 735 cells/mm³), and a median duration of prior zidovudine treatment of 88 weeks (range 11 to 356 weeks). Fourteen percent of subjects had AIDS at baseline, 50% had HIV-related symptoms and 36% were asymptomatic.

Table 1 gives the Kaplan-Meier estimates for the time to disease progression.

Table 1 -- Incidence of Disease Progression

	First AIDS - Defining Event or Death*	
	ZERIT	zidovudine
6 months	4.4%	5.7%
12 months	10.4%	14.1%
18 months	18.5%	23.3%
24 months	26.6%	31.8%

* Kaplan-Meier estimates; the overall difference between stavudine and zidovudine was not significant.

CONTRAINDICATIONS

ZERIT is contraindicated in patients with clinically significant hypersensitivity to stavudine or to any of the components contained in the formulation.

WARNINGS

The major clinical toxicity of ZERIT is peripheral neuropathy. This complication occurred in 19 and 24 percent of the 11,784 patients with advanced HIV disease who received the two dose levels of stavudine in the Parallel Track Program[1]. In patients with less advanced HIV infection in the zidovudine comparative trial, peripheral neuropathy occurred in 13 percent of ZERIT-treated patients as compared to 4 percent of zidovudine-treated patients.

Patients should be monitored for the development of neuropathy that is usually characterized by numbness, tingling, or pain in the feet or hands. Stavudine-related peripheral neuropathy may resolve if therapy is withdrawn promptly. In some cases, symptoms may worsen temporarily following discontinuation of therapy. If symptoms resolve completely, resumption of treatment may be considered at a reduced dose.

Patients with a history of peripheral neuropathy are at increased risk for the development of neuropathy. If stavudine must be administered in this clinical setting, careful monitoring is essential.

PRECAUTIONS

Information for Patients

Patients should be informed that ZERIT is not a cure for HIV infection, and that they may continue to acquire illnesses associated with HIV infection, including opportunistic infections. Patients should be advised to remain under the care of a physician when using ZERIT.

Patients should be informed that the most common toxicity of ZERIT is peripheral neuropathy. Symptoms of peripheral neuropathy usually include tingling, burning, pain, or numbness in the hands or feet. Patients should be counseled that this toxicity occurs with greater frequency in patients with a history of peripheral neuropathy. They should be advised that these symptoms should be reported to their physicians and that dose changes may be necessary. They should also be cautioned about the use of other medications that may exacerbate peripheral neuropathy.

Caregivers of young children receiving ZERIT therapy should be instructed regarding detection and reporting of peripheral neuropathy.

Patients should be informed that the long-term effects of ZERIT are unknown at this time. They should be advised that ZERIT therapy has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination.

Patients should be informed that the Center for Disease Control (CDC) recommends that HIV-infected mothers not nurse newborn infants to reduce the risk of postnatal transmission of HIV infection.

Laboratory Tests

Mild to moderate increases in AST (SGOT) and ALT (SGPT) occurred commonly in clinical trials; these did not interfere with continued therapy.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies of stavudine in animals have not been completed. Stavudine was not mutagenic in the Ames, *E. coli* reverse mutation, or the CHO/HGPRT mammalian cell forward gene mutation assays, with and without metabolic activation. Stavudine produced positive results in the *in vitro* human lymphocyte clastogenesis and mouse fibroblast assays, and in the *in vivo* mouse micronucleus test. In the *in vitro* assays, stavudine elevated the frequency of chromosome aberrations in human lymphocytes (concentrations of 25 to 250 µg/mL, without metabolic activation) and increased the frequency of transformed foci in mouse fibroblast cells (concentrations of 25 to 2500 µg/mL, with and without metabolic activation).

[1] The parallel track program (STUDY A1455-900) treated 12,551 HIV-infected patients with CD4 counts <300/mm³ who had failed, were intolerant of, or had contraindications to other therapies.

In the *in vivo* micronucleus assay, stavudine was clastogenic in bone marrow cells following oral stavudine administration to mice at dosages of 600 to 2000 mg/kg/day for 3 days.

No evidence of impaired fertility was seen in rats with exposures (based on C_{max}) up to 216 times that observed following a clinical dosage of 1 mg/kg/day.

Pregnancy

Pregnancy "Category C". Reproduction studies have been performed in rats and rabbits with exposures (based on C_{max}) up to 399 and 183 times, respectively, of that seen at a clinical dosage of 1 mg/kg/day and have revealed no evidence of teratogenicity. The incidence in fetuses of a common skeletal variation, unossified or incomplete ossification of sternebra, was increased in rats at 399 times human exposure, while no effect was observed at 216 times human exposure. A slight post-implantation loss was noted at 216 times the human exposure with no effect noted at approximately 135 times the human exposure. An increase in early rat neonatal mortality (birth to 4 days of age) occurred at 399 times the human exposure, while survival of neonates was unaffected at approximately 135 times the human exposure. A study in rats showed that stavudine is transferred to the fetus through the placenta. The concentration in fetal tissue was approximately one-half the concentration in maternal plasma. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, stavudine should be used during pregnancy only if clearly needed.

Nursing Mothers

Studies in lactating rats demonstrated that stavudine is excreted in milk. Although it is not known whether stavudine is excreted in human milk, there exists the potential for adverse effects from stavudine in nursing infants. Mothers should be instructed to discontinue nursing if they are receiving stavudine. This is consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV.

Pediatric Use

Use of stavudine in pediatric patients is supported by evidence from adequate and well-controlled studies of stavudine in adults with additional safety data in 115 pediatric patients and pharmacokinetic data in 25 of these patients.

Stavudine pharmacokinetics have been evaluated in 25 HIV-infected pediatric patients (age range: 5 weeks to 15 years, weight range: 2 to 43 kg) after IV and oral administration of 0.125, 0.5, 1, and 2 mg/kg as single doses and as BID regimens. The mean ± SD absolute bioavailability was 76.9 ± 31.7% (n=20). Peak plasma concentration (C_{max}) and area under the plasma concentration-time curve (AUC) increased in proportion to dose after both single and multiple doses.

Following intravenous infusions (n=21), the mean ± SD volume of distribution was 18.5 ± 9.17 L/m². The distribution of stavudine into cerebrospinal fluid (CSF) was assessed in 8 pediatric patients after 12 weeks of multiple oral dosing. The concentration of stavudine in CSF samples ranged form 0.008 to 0.105 µg/mL at times ranging from 2 to 3 hours post-dose (dose ranging from 0.125 to 1 mg/kg). CSF concentrations ranged from 16% to 125% (mean ± SD of 59% ± 35%) of the concentration in simultaneous plasma samples.

The terminal elimination half-line after oral or intravenous administration of stavudine was approximately one hour. The mean ± SD total body clearance after intravenous infusion was 247 ± 94 mL/min/m². The mean ± SD apparent oral clearance was 333 ± 87 mL/min/m². The percent of the dose excreted uncharged in the urine was 34.5% after oral administration.

The clearance of stavudine is related to both body surface area and body weight. When dosing according to body weight, the recommended dosage for pediatric patients weighing less than 30 kg is 2 mg/kg/day in divided doses. Pediatric patients weighing 30 kg or greater should receive the recommended adult dose.

ADVERSE REACTIONS

The major clinical toxicity of ZERIT (stavudine) is peripheral neuropathy (see **"WARNINGS"** section).

Adults: Peripheral neuropathy is dose related (see Table 2). Modest elevation of hepatic transaminases was also observed commonly in controlled trials.

Table 2
Peripheral Neuropathy Leading to Dose Modification

	%			
	Study AI455-019		Parallel Track Program	
	ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)	ZERIT (40 mg BID) (n=5905)	ZERIT (20 mg BID) (n=5879)
Peripheral Neuropathy				
Grade 1-2	11	3	20	17
Grade 3-4	2	1	4	2
Total	13	4	24	19

Selected adverse events that occurred in adult patients receiving ZERIT in the Phase 3 controlled comparative trial (Study AI455-019) are provided in Table 3.

Table 3
Selected Clinical Adverse Events in the Phase 3 Controlled Clinical Trials [1]

Adverse Events	% Study AI455-019[2]	
	ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)
Headache	54	49
Chills/Fever	50	51
Diarrhea	50	43
Rash	40	35
Nausea and Vomiting	38	44
Abdominal Pain	34	27
Myalgia	32	35
Insomnia	29	31
Anorexia	19	22
Allergic Reaction	9	8
Pancreatitis	*	*

* This event was reported in fewer than 1% of patients.
[1] Includes all clinical complaints.
[2] Median duration of stavudine therapy = 79 weeks; median duration of zidovudine therapy = 53 weeks.

Laboratory abnormalities reported in the Phase 3 controlled comparative trial (Study AI455-019) are shown in Table 4.

Table 4
Controlled Clinical Trials: Incidence of Adult Laboratory Abnormalities[a]

Lab Tests (units)	% Study AI455-019[b] ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)
AST (SGOT) (≤5.0 x ULN[c])	11	10
ALT (SGPT) (≤5.0 x ULN)	13	11
Bilirubin (>5.0 x ULN)	2	2
Anemia (<8.0 g/dL)	*	3
Neutropenia (neutrophils <750/mm³)	5	9
Thrombocytopenia (platelets <50,000/mm³)	3	3
Amylase (>1.4 x ULN)	14	13

* This abnormality was reported in fewer than 1% of patients.
[a] Data presented for patients for whom laboratory evaluations were performed.
[b] Median duration of stavudine therapy = 79 weeks; mediation duration of zidovudine therapy = 53 weeks.
[c] ULN = upper limit of normal.

Pediatric Patients: Adverse reactions and serious laboratory abnormalities in pediatric patients were similar in type and frequency to those seen in adult patients.

OVERDOSAGE

Experience with adults treated with 12 to 24 times the recommended daily dosage revealed no acute toxicity. Complications of chronic overdosage include peripheral neuropathy and hepatic toxicity. It is not known whether stavudine is eliminated by peritoneal dialysis or hemodialysis.

HOW SUPPLIED

ZERIT® (stavudine) Capsules are available in the following strengths and configurations of plastic bottles with child-resistant closures:

Table 5

Product Strength	Capsule Shell Color	Markings on Capsule (in Black Ink)	Capsules per Bottle	NDC No.
15 mg	Light yellow & dark red	BMS 1964 15	60	0003-1964-01
20 mg	Light brown	BMS 1965 20	60	0003-1965-01
30 mg	Light orange & dark orange	BMS 1966 30	60	0003-1966-01
40 mg	Dark orange	BMS 1967 40	60	0003-1967-01

ZERIT for Oral Solution is a dye-free, fruit flavored powder that provides 1 mg of stavudine per mL of solution upon constitution with water. Directions for solution preparation are included on the product label. ZERIT for Oral Solution is available in child-resistant containers that provide 200 mL of solution after constitution with water (**NDC** No. 0003-1968-01).

US Patent No.: 4,978,655

Storage: ZERIT Capsules should be stored in tightly closed containers at controlled room temperature, 59° to 86°F (15° to 30°C).

ZERIT for Oral Solution should be protected from excessive moisture and stored in tightly closed containers at controlled room temperature, 59° to 86°F (15° to 30°C). After constitution, store tightly closed containers of ZERIT for Oral Solution in a refrigerator, 36° to 46°F (2° to 8°C). Discard any unused portion after 30 days.

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BACK ISSUE

I am a doctoral student in Psychology at Bowling Green State University. I purchased and read Vol. 3 No. 3 of your magazine. On page 22, I noticed that actor Michael Boatman was featured on the cover and in an interview of a BACK ISSUE. This caught my attention because I am writing a paper on the representation of Boatman's character, Carter, as an openly Black gay man on the network television sitcom, Spin City. I am so happy that I was able to get a copy of the Boatman Issue. I enjoy your publication. I applaud the efforts of your staff. Thank you for providing a little more "life" for a brotha' trapped for another two years in rural Ohio.

Michael Lyde
Northwest Ohio

CONGRATULATIONS!

While in Washington, D.C. I chanced upon a copy of Venus and I was very impressed. It is gratifying to see such a quality Black Lesbian & Gay publication—one that is at once informative, fun, professional, gender-balanced and literate. I could not believe it, as I have seen many Black Gay publications come and go (most of which are better off for having gone) but none, I feel, was or is of the same quality as yours. Congratulations!

Anthony B. Knight, Jr.
Deltona, Florida

MISSED THE POINT

I find it very interesting that, in two previous issues of Venus, an anonymous "critic" has misinterpreted, misrepresented, and just plain missed the point of my last two novels, *2nd Time Around* and *If Only For One Nite.* Her/his/their catty... observations remind me of what I continue to see passing as book criticism in most white gay and lesbian publications, but at least those white gay men (and white-identified Black gay men) who dismiss the experiences I document have the courage to put their names on the insipid, ill-informed critiques they write.

James Earl Hardy
Brooklyn, NY

NOTE: *The reviewer of 2nd Time Around was Charles Easley, a Black-identified Black Gay man, filmmaker and Professor of Communications in Atlanta. The reviewer for If Only For One Nite was Marian Farrah, a Black-identified black lesbian and NY columnist.*

GAY ON GAY HETEROSEXISM

Isaiah McGee's article bringing to light and expanding upon gay on gay heterosexism hit the proverbial nail on the head regarding our own tendency toward self-oppression. ("BrotherTalk" Issue Vol.3 No. 3, 1997)

Even further, I submit that often our gay and lesbian "brothas and sistas" go so far as to discriminate against each other - as if there weren't quite enough self-loathing and disdain ingrained in us by history and society both as non-heterosexuals and as people of color. We even buy into the negative stereotypes perpetuated by other and ourselves, looking upon each other with the same level of repulsion frequently reserved for us by our straight counterparts who are not of African Descent.

At a time when our hard-earned human and civil rights and privileges are being stripped away from us daily it seems to me we should seek things that unify rather than divide our people - no matter their descent.

A.R.
St. Louis, Missouri

GAY ON GAY HETEROSEXISM

I am ashamed to admit it, but, alas, it's true. The non-reflective, narrow-minded, gender-myopic letter that exalts "regular gays" and lambasts "queens and dykes" came from a San Francisco resident — that Queer Mecca just across the Bay from my Oakland habitat (Vol. 3, No. 4., Letters). Thank goodness the Bay appears to be among the very few things we share.

Mr. Stocks' core position is that effeminate men and masculine woman are impediments to lesbian and gay folk achieving equality. He states that "Black hetero communities . . . very rarely . . . totally ostracize a regular gay person" but "the queen ...gets the boot from everybody." He even cites the military's Don't Ask, Don't Tell policy as proof positive of his theory that everybody hates girlish boys and boyish girls. He posits that we should stop resisting and conform to our "birth right gender" role and present ourselves as heterosexually as possible.
Uh-huh.

I take great offense at Mr. Stocks' description of queenly gay men as having "a problem with their gender" and being "mixed up." What is gender? We are taught that gender is a biologically defined notion of what is male (a penis, lots of testosterone, hair, etc.) and what is female (a vulva, lots of estrogen, breast, ect.) Gender, as transgender activist Jamison Green has so eloquently stated, is, in fact, a core sense of oneself — a reflection of one's essence that has nothing to do with one's genitals and behavior that is perceived as masculine or feminine is the public presentation of this essence, one's gender.

Green has also made many aware of the fact that "everyone [simultaneously] has a sex, a gender identity, and a sexual orientation." For example, the "dykes" Mr. Stocks references as "internalizing cross gender roles and behavior patterns" have in fact internalized nothing. The word internalization suggests the adoption of some pathology. He suggests that these lesbians have adopted gender presentations that are outside of themselves. But there is no reason why a lesbian could not more strongly identify with that which is male or why a gay man could not more strongly identify with that which is female — both elements are inherently a part of who we are. Their sexual identities (lesbian and gay) have nothing to do with their gender identities (butch and fem) which have even less to do with their biological sexes (female and male). All three qualities co-exist, complement each other, and are innate. It is society that has adopted the pathology of rejecting those who are comfortable with and celebrate this three-way harmony.

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From The Publisher

Many of us who are in committed long term relationships may soon have the opportunity to become legally bound to our mates. For most this is a dream come true and one we thought we would probably not see realized during our lifetime. Others feel that the fight for legalizing gay marriage is not exactly a major priority next to the plight of AIDS in our community and racism.

In this issue we explore what Black Gays and Lesbians really think about getting married. We have asked people in various geographic regions, in various stages of relationship status and from various intellectual and economic backgrounds for their opinions.

Travel agents report that bookings to Hawaii are selling briskly in anticipation of the state's passing of the gay marriage law. However, there are just as many folks who still have questions. As Black people, how will our lives be affected by legalizing gay marriage? Many Black Gays and Lesbians are at the center of our family. Will our elders bypass us for inheritance based on the thought that their property could be legally passed on to our lover? And what about divorce? If you think breaking up is hard to do now, just wait!

Legalizing gay marriage is a scary thought to some who note how foolish it seems to mimic the divorce nightmares of our heterosexual sistahs and brothas, but how strong are our commitments without a legal binding document?

Are we really planning our lives together as married people do; investing together, creating families, planning for retirement together, seeing ourselves still together 20 years from now? Or will we continue "living together" sharing rent, mortgage, meals, sex, always ready to go when things get a little shaky?

How can we continue to live our lives as committed couples without basic protection as a couple? How can we not support a fight that will allow legal next-of-kin status when our partners become ill or hospitalized or die? Don't we know too many "funeral" horror stories-you know, when his lover's mother, who never helped with his care, now takes over and refuses to let you in on the "family's arrangements"?

Are our communications skills strong enough for marriage? Can we cut it? Although we don't attempt to answer all these questions in this issue, we do think it's important to give legal gay marriage some serious thought because ready or not, it's here.

Charlene Cothran

letters

(Continued from Page 6)

I used to think that gender was a social construct, but I now know that gender is one's spirit, therefore, it is gender presentation that is socially constructed, indeed, socially constricted. It is these constrictions that inspire rebellion in some who behave in a very affected manner which discomforts folk like Mr. Stocks. Our challenge is to break out of suffocating notions of what are acceptable feminine and masculine presentations. We must reject the idea that the only true femininity is that which is accompanied by a vagina and high heels or that the only true masculinity is that which is accompanied by testicles and razor stubble. Only this will allow us — from the flaming queen to the diesel dyke to Mr. Stocks, himself — to be all of who we are. What is your gender identity?

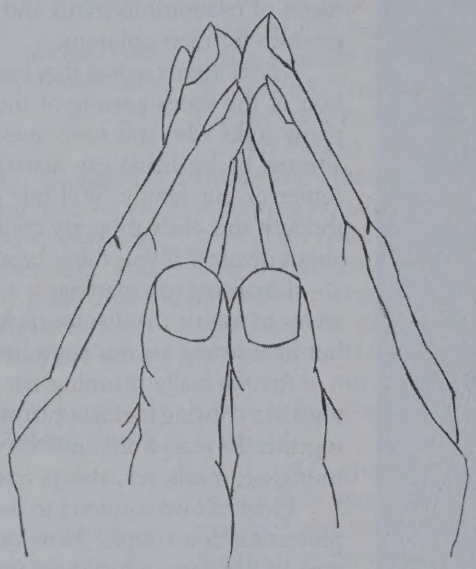
Crystal H. Weston
Oakland, CA

YOUR RIGHTFUL PLACE

Just a Closer Walk With Thee?

Whether one actively practices a religious belief or some form of spirituality or even believes in the existence of a "supreme power," the fact remains that the human race's belief in a power greater than the human self is the single most subjective influence in the human psyche. On the whole, humanity may not understand the nature of a supreme power but it certainly, intellectually at least, believes in one. Unfortunately, this peripheral belief, rather than true insight into the Spirit of life is what leaves humanity victim to whatever convincing, or long-standing misunderstanding is perpetuated.

With that said, your local clergy, overtly religious aunt or the Jerry Falwell's of society often perpetuate a very narrow understanding of what is spiritually appropriate - rather than what is actually true. Because of humanity's inclination to follow the dictates of other's, all types of societal mores are perpetuated without a "wit" of real, fundamental truth to them. We are a society that believes that the popular consensus of something indicates its innate "right-ness." Nothing could be further from the truth. Case in point: there was a time in the not too distant past when a "popular consensus" believed that physical slavery was "right and appropriate." This dynamic is reflected when it comes to spirituality and homosexuality.



Yes, there is a popular consensus among religious representatives that homosexuality is a "sin," but remember what was just stated regarding "popular consensus" - that, alone, does not make an idea fundamentally true. The oft-quoted scriptures that many religious representatives use to support this idea of homosexuality as sin are 1) gross mis-interpretations and 2) taken completely out of context from the messages that contain them. (Pick up Peter Gome's book, The Good Book, William Morrow and Company, and read the chapter on the bible and homosexuality if you desire clarification on the matter.) This revelation of the "non sin-ness" of homosexuality is hard even for homosexuals to accept, but that is more a reflection of how subjectively ingrained the false belief is. Just as the false, but nonetheless ingrained, subjective belief that a certain race of people is superior to other races. This, of course, is not true but the racism still rampant in modern society reflects how ingrained this false idea remains.

It has been particularly difficult for the African-American gay or lesbian individual to navigate this difficult schism permeating self-identity. It is difficult because spirituality has been such an integral aspect of our cultural identity. Whether the contemporary black gay or lesbian practices a religious belief or not, you know that their great, great, great grandmother did. It is simply an integral nuance of our cultural heritage. This is why it is paramount for the gay brother or lesbian sister to separate the "wheat from the chaff." To have a fundamentally clear conscience regarding spirituality and homosexuality so that all of our spiritual identity can be wholly embraced, nurtured, celebrated, worshiped and expressed.

For gays and lesbians who desire to express the spirituality of their being (or have been reticent to embrace it because of the false dogma perpetuated by religious ignorance) here are some criteria for welcoming any form of worship into your life. (In actuality, the following criteria would benefit anyone - gay or straight - who desires to build a spiritual foundation in their life.)

First, understand that the word religion means to "bind back," to bind one back to the remembrance of one's spirit. It is not a matter of what denomination or belief one embraces to quench one's spiritual thirst. It is only important that the belief serve to remind one of the reality and richness of one's spirit (to "bind one back" to this fundamental truth).

The fundamental purpose of any "house of worship" is to strengthen your capacity to worship all that is spiritual within and around you. You are not to serve your church, synagogue, ashram or center - it is to serve you (the spirit in you). Do not confuse this with being of service to your house of worship. To be of service (through deeds and/or tithing) means to be an extension of your center's intention to serve humanity. In other words, if you are moved to participate in your place of worships outreach ministries, its choir, its administrative activities, or in any other related capacity, participate as a means to serve the community - not the center itself. There is a difference. (Where a center places this particular focus also distinguishes a true source of worship from a cult. A true place of worship always teaches one to serve humanity - not the place of worship or its leaders).

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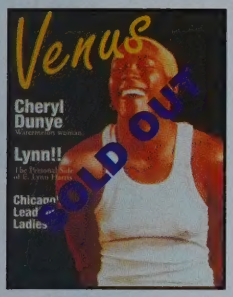
If You Haven't Read It Yet, It's Still News!

It's Time To Order 1997 Back Issues



Vol 3 #4

CHERYL DUNYE ON FILMMAKING
THE PERSONAL SIDE OF E. LYNN HARRIS
CHICAGO'S LEADING LADIES
A PASSION FOR FASHION

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Politics
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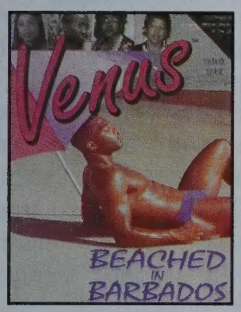
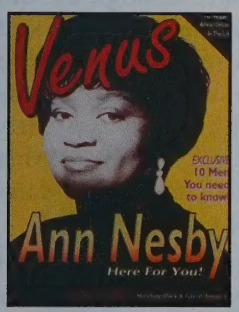


Vol 3 #3

CRUISING IN THE CARIBBEAN
DESIGNER MICHELLE SMALL- TRENDSETTER
PRESIDENT CLINTON'S APOLOGY- TOO LITTLE! TOO LATE!
FORMER SURGEON GENERAL DR. ELDER'S SPEAKS OUT

Vol 3 #2

HOW TO FIND YOUR SOULMATE
ACTOR MICHAEL BOATMAN OF SPIN CITY- 'PLAYING GAY'
COMIC KAREN WILLIAMS LAUGHS HER WAY TO THE TOP



Vol 3 #1

ANN NESBY, SOLOIST FROM SOUNDS OF BLACKNESS
10 MEN YOU NEED TO KNOW
KING WEEK- MARCHING AND BLACK IN AMERICA
BLACK LESBIANS DEFINE SEXUALITY

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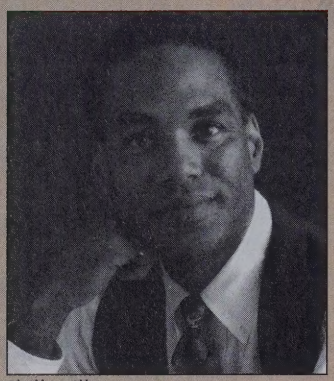
AIDS Watch


Phill Willson

More than 50 participants formed a caucus at the recent National AIDS Treatment and Vaccine Forums in San Diego, California to discuss why Blacks who are disproportionately represented in HIV/AIDS cases continue to take fewer drug therapies than others. This was the largest gathering of African Americans and Blacks from the Caribbean and Africa under the banner of advocacy to specifically look at this problem with an eye toward building a national and international strategy. Led by Phil Wilson, the caucus identified racism and attitudes of the Black Church as the most frequently cited impediments to ensuring persons with HIV/AIDS access treatment. This is particularly distressing when many government programs, such as the Ryan White Act, have made it possible for many to get the new life changing therapies. The caucus questioned why so few Blacks have become treatment advocates even though they work in prevention and support services.

The Black Church was lauded for its recent response in providing care and support for Persons Living with HIV/AIDS (PWLHA). Yet the continued stigmatization and marginalization of PWLHA, coupled with fear and ignorance continues to plague efforts to ensure Blacks have improved quality of life possible through drugs. The myths perpetuated by many ministers have kept so many from knowing or acknowledging their HIV status.

Black media has been reluctant to provide a counterpoint to these myths and to help persons have enough faith to believe that God can work through physicians and other health care workers to bring healing. The treatment advocates present agreed to build a network of responses which would increase skills, build on existing prevention and care infrastructure, and support those who have been able to move into a cycle of hope.

Combination Therapy News

Although new HIV/AIDS treatments have reduced the number of deaths, Blacks and women have not seen the dramatic impact of these new therapies. Many do not realize that monotherapy is no longer considered appropriate adherence to standard of care medicine. However there is still controversy over when to start therapy and much to be learned about what should be done when one combination fails. An aggressive approach would be to treat persons early in the course of HIV infection due to the recognition that HIV disease is virtually always progressive. A more cautious approach would look at potential for drug resistance, toxicity and other clinical factors and delay treatment.

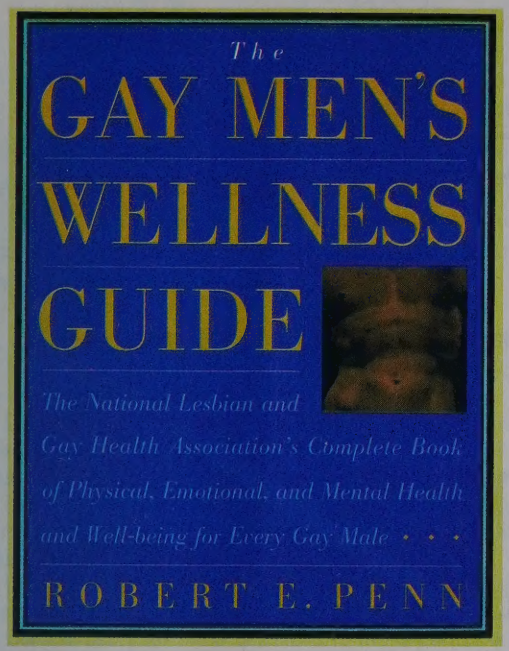
Three events in recent months are useful to persons considering HIV therapy:

(1) HIV persists and can replicate in patients who have no detectable virus in their blood as a result of combination antiretroviral therapy, according to a new report from researchers at the National Institute of Allergy and Infections Diseases (NIAID) and their colleagues. This dampens hope that persons receiving prolonged treatment with highly active antiretroviral therapy (HAART) will eradicate HIV from the body and be able to stop taking drugs. It is important to understand the HIV is still hiding out in the lymph system. Persons with HIV should not be persuaded to stop taking drug by some anecdotal stories reported in scientific journals about persons who stopped therapy and virus could not be found in the blood.

(2) Triple-drug therapy without a protease inhibitor has shown promise in results released by Dupont Merck. The new non-nucleoside analog efavirenz performed almost as well in combination with two nucleoside analogs as did protease inhibitors. Efavirenz (pronounced ah-FAH-vuh-renz) has also been referred to as DMP-266 and is marketed as Sustiva(sus-TEE-vuh). Researchers told a conference in Toronto during October that efavirenz, unlike many others, is able to penetrate into the cerebrospinal fluid.

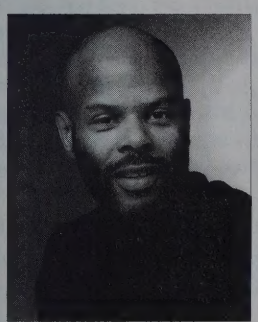
(3) The Federal government has published Principles of HIV Therapy and Clinical Practice Guidelines for Treatment of HIV infection. These guidelines offer both aggressive and cautious approaches to initiating therapy in persons who are asymptomatic. They do not answer for most persons the question of when to start therapy or what drugs should be used. Additional information is available from many treatment resource groups, the internet or by calling the CDC treatment information line, 1-800-448-0440.

— S.Wakefield



The Gay Men's Wellness Guide

For the first time, a comprehensive resource guide is available to give Gay men in this country general information tailored specifically to their physical, mental, emotional, spiritual, social, and sexual well-being. This authoritative guide was written in consultation with the National Lesbian and Gay Health Association.



Robert E. Penn, author of THE GAY MEN'S WELLNESS GUIDE published by Henry Holt / Owl Books in January 1998.

ROBERT E. PENN is an award-winning HIV-prevention educator; he was formerly an assistant director of the Gay Men's Health Crisis Center. He lives in New York.

Henry Holt / Owl Books 1998

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THE HEALTHY LIVING POCKET GUIDE

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What the people want

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is very simple.

at the forefront of the battle for justice for all Americans, regardless of race or

They want an America

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as good as its promise.

— Barbara Jordan

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Listening to Your Mate-A Quiz

A Healthy Marriage Quiz: Communicating, Listening & Responding to Your Mate **by Bill DeMoss**

This quiz is divided into two parts: (A) Communicating your needs and (B) Listening/Responding to your mate's needs. Brief suggestions on how you might make good use of your answers are presented as well.

A. COMMUNICATING YOUR NEEDS

1. When you want to express a need or a want to your mate, do you? **Yes** ❑ **No** ❑
2. Do you take the time to sort out in your mind exactly what you need or want from your mate before telling her/him? **Yes** ❑ **No** ❑
3. Do you approach your mate with your need or want at a time convenient for him/her to give you his/her full attention? **Yes** ❑ **No** ❑
4. Do you clearly describe in words—not through behavior—exactly what it is you want or need? **Yes** ❑ **No** ❑
5. Do you ask your mate questions to make certain he or she understands precisely what it is you need or want? **Yes** ❑ **No** ❑
6. When your need or want involves your feelings, do you clearly describe your feelings—"I feel lonely," "I feel angry," etc.? **Yes** ❑ **No** ❑
7. If your mate says he/she is unable to completely meet your need or want, do you offer suggestions that result in both of you getting as many as possible of each of your needs and wants met? **Yes** ❑ **No** ❑

B. LISTENING AND RESPONDING TO YOUR MATE'S NEEDS

8. When your mate says he or she needs to discuss a need or a want or share an experience with you, do you give 100% of your attention to listening to your mate or arrange a time as quickly as possible so you can? **Yes** ❑ **No** ❑
9. If you are not completely certain, do you ask questions until you are sure exactly what your mate is saying she/he needs or wants from you? **Yes** ❑ **No** ❑
10. If your mate is describing an experience, do you avoid giving advice unless asked for it? **Yes** ❑ **No** ❑
11. Do you keep the attention focused on the need, want, or experience **Yes** ❑ **No** ❑
12. Do you respond with both your words and your actions that you care about the need, want, or experience your mate is expressing? **Yes** ❑ **No** ❑
13. Do you tell your mate when she/he wants you to do something you do not want to do—and explain why you do not want to do it? **Yes** ❑ **No** ❑
14. If you feel unable to completely meet a need or want expressed by your mate, do you offer suggestions or alternatives that result in both of you getting as much as possible of each of your needs and wants met? **Yes** ❑ **No** ❑

Both you and your mate are encouraged to take this quiz, then discuss your answers with one another. The goal is not to criticize but to identify areas where each of you might want to do better, with the ultimate goal being that both you and your mate will be able to honestly answer all 14 questions yes. It may be helpful to keep and refer back to your answer every month or two in order to assess improvement in identified problems areas—focusing attention on progress made and the positive effects of that progress.

Ask Marian

Send you questions to ask Marian@venusmagazine.com

Dear Marian,

My lover is an incest survivor. He gets extremely uncomfortable with certain sexual suggestions during our love making. I love him but I'm starting to get bored in the bedroom. What can I do to get him to try something hot and new?
Signed, Concerned

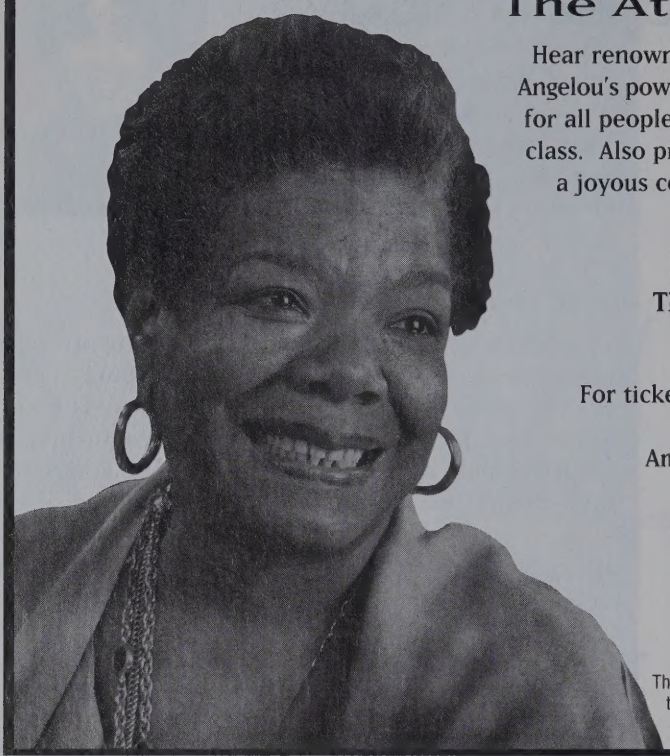
Dear Concerned,

As a partner of an incest survivor, it is important to honor your partner's feelings and to avoid putting pressure on him to be sexual in a way which is uncomfortable to him. Having control over what feels safe is an important part of the healing process for a survivor. Your partner may be experiencing flashbacks of the abuse, or may be "spacing out" during sexual activity. Each person who has been sexually abused will have a unique path to sexual healing. Laura Davis, a leading pioneer in self help for survivors of incest and sexual abuse has written a book for partners of survivors, Allies in Healing: When the Person You Love Was Sexually Abused As A Child: A support Book for Partners. (Harper Collins, 1991). Her first book, The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse, with coauthor Ellen Bass(Harper Perennial, 1992) is a good resource. Also look at her second book, The Courage to Heal Workbook. Another book dealing with partners of survivors is Outgrowing the Pain Together: A Book for Spouses and Partner of Adults Abused as Children, (Elliana Gil, Dell, 1992). For men, a good book to look at is "Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse by Mike Lew.

Davis points out the different stages in the healing process; deciding to heal, remembering the abuse, believing it happened, knowing it wasn't your fault, getting in touch with anger and grief, talking about the abuse and, finally, moving on. Your partner may be at any one of these stages and they may occur in any order. The important message is that women and men survivors can heal themselves. Encourage your partner to seek counseling as a support for himself in his healing process. Through your readings, you will gain a greater understanding of the supportive role you can play.

—Marian Farrah is a certified social worker living in New York City

Songs of Freedom with Dr. Maya Angelou



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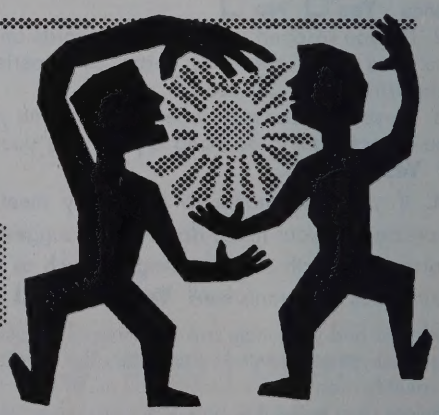

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An Essay on Affirmative Action

by Dorinda G. Henry

IN THE LAST FEW YEARS, America has been inundated with calls for to "cease and desist" the policy of allotting preferential treatment to individuals who have experienced and endured past injustices and discrimination based largely on the distribution of melanin in their skin. Affirmative Action is such a policy. Opponents of Affirmative Action argue that contemporary white Americans are/were not responsible for the horrors of slavery and therefore ought not to be liable for the retribution of that injustice. They also argue that contemporary African Americans are not the "direct" victims of the institution of slavery and therefore are not entitled to retributive means, namely "preferential treatment," as established in the Affirmative Action programs. Affirmative Action encompasses a wide spectrum of groups. I will concentrate however on what seems to be the most sensitive and obvious bone of contention - the distinctive and divisive issue of race between African and white persons in America. Because opponents of Affirmative Action seem to be obsessed with the issue of race and play on America's inescapable history of racial contempt for the African and their descendants, it is important to establish how we got to this point in the first place.

It all began in the year of 1444 with the European slave trade. It was the trading and merchandising of human beings of which many Africans participated. This slave trade lasted for more than four hundred years, two hundred of which were perpetuated by America. Slavery is not a recent phenomenon. As far back as antiquity, human beings - black, white, yellow, brown and red - were bought and sold. During that time, race was not the factor driving its existence. It was often a simple matter of human servitude, that is, the willful submission of an individual to another in order to pay off a debt. In times of war, if captured, a person became one of the many spoils of war.

In the 1600's, America experienced a drastic change in the planting methods of sugar that created a rise in the economy; and the possibilities became immense. This economic surge changed the concept of human servitude into slavery. America, needing cheap labor, systematically and methodically laid the foundation for the need of a perpetual subordinate group of human beings to toil and labor in the fields. The result was the commercializing of human beings as a necessary commodity.

The supply of Africans seemed to be inexhaustible and inexpensive and most importantly, was unprotected. In America, this arguably was the beginning of the white person's feeling of superiority, "arrogance and biological pride" of the distinctive "white" face. These atrocities and crimes have had lasting consequences and persistent psychological and economic repercussions that have been passed on from generation to generation.

White America has retained a group sense of entitlement, and thereby continues to perpetuate a notion of superiority by being the descendants of those who created it. On the other hand, African Americans continue to be characterized and dehumanized as if to be their ancestors/slaves, rather than the descendants of them. They are, by the happenstance of being born black in America, fixed in a pre-determined state of social, economic and political impairment the result of a consistent indoctrination and a belief system based on white America's notion of racial superiority.

Affirmative Action as a government policy is not only needed to redress past injustices and discrimination against a group of people, but for the Republic of America as a whole. It is not only owed to the individuals that find themselves born black in America, but it is also owed to white persons who find themselves born white in America and thus inheriting all and not just some of its history. Without government enforced programs such as Affirmative Action, America risks finding itself in another chasm - one specifically divided between the races - filled with too many monologues, not enough dialogue, accountability and responsibility that will subsequently lead to misguided violence.

Affirmative Action as a government policy is not only needed to redress past injustices and discrimination against a group of people, but for the Republic of America as a whole.

Thirty plus years of a symbolic gesture with a lackadaisical approach to its enforcement is the least this government and its people could do, for the free labor and the economic advantage that the institution of slavery gave to the establishment of capitalism in America. It is a step in the acknowledgment of responsibility and accountability for the mistreatment of a group of people who were the victims of one of the most horrific human atrocities the world has known and one of America's most embarrassing chapters of defilement to its own Constitution.

Dorinda G. Henry @1997

WHY SOME WOULD WHY SOME WON'T

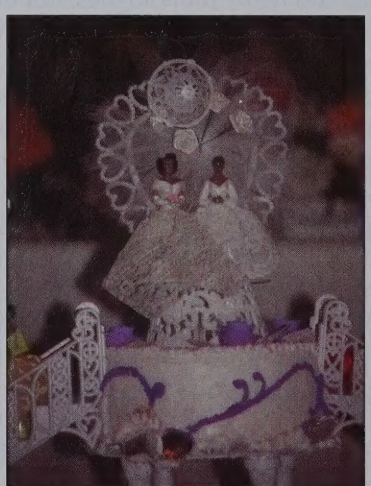
Dialogue on why black and latino Gay America is and ain't down with jumping the broom isn't the hot topic in NYC nightclubs, Boston coffee spots nor on L.A. beaches. But with a little nudging it wasn't difficult to get heartfelt sentiments, that in some cases were eager to be heard. Mixed feelings aside, the folks at Brooklyn's Unity Fellowship Church testify to a steady rise in the number of union ceremonies they have conducted over the last three years. Out of a cross-country exchange the following thoughts emerge as some of the commonly shared views on weddings in black and latino gay communities.

—Compiled and photographed by Sean Drakes

Jeremiah Miller & James Hegwood

Claims Examiner, Garment Designer

"We've known each other for five years, we broke-up, got back together, then realized we were meant to be together. I hadn't actually thought about a formal union but James wanted one, he wanted to get married and have the family there. That wasn't really on my agenda, a simple ceremony would have been fine with me but that wasn't James' dream. He wanted, as he put it, "what his sister and brother would have had (had he lived)- a traditional wedding with the family there." "Though it wasn't traditional because we're both males" James and Jeremiah exchanged vows on March 1, 1997. Their reception was hosted at a friend's home. They did all the cooking. James made the wedding party outfits and the church choir sang at their union. In all, Jeremiah estimates they invested about $900.00. "Our mothers came, and my brothers and sisters. It was important for me to have it in a church, because it's the center of our universe. A quiet ceremony in our pastor's office would have been fine. For me it (the ceremony) doesn't symbolize anything but a waste of money. Like I said, I really did it for James. He wanted the pageantry. The union—us declaring to our friends and family that we are one, and that we've decided, come high or hell water, to work to stay together—is very very important." "We have a domestic partnership, we filed and proved that we live together. I don't know how much it's worth but it's just another symbolic gesture. James wants to go to Hawaii next year and legally get married. I do this for James (he chuckles). I'm satisfied now. I've said it to my friends and everybody in earshot, this is the man I plan to be with. But if he wants to do it then I would do it to make him happy. I mean, we're not going to live in Hawaii, so what difference does it make." "I recommend going through with the ceremony if you're serious about being with a person, it changes your whole perspective. I had said to myself, 'James and I are going to be around,' we were already living together. But after the ceremony, I started thinking about us 10 years from now. What we'll be doing, where we'll be living. I never thought about making plans for us staying together., and now we plan to be together."



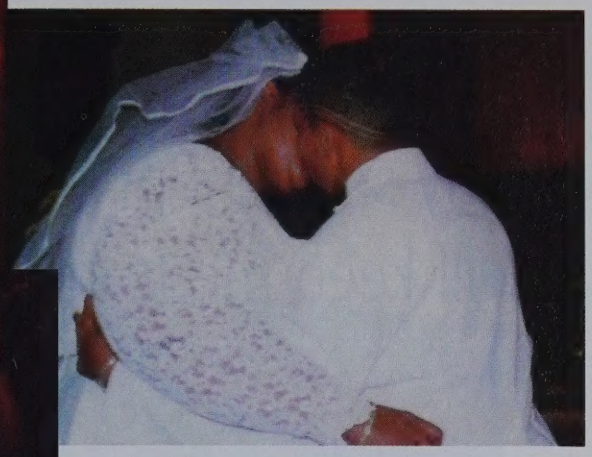
Netu Jiminez • *Pro-choice Feminist*

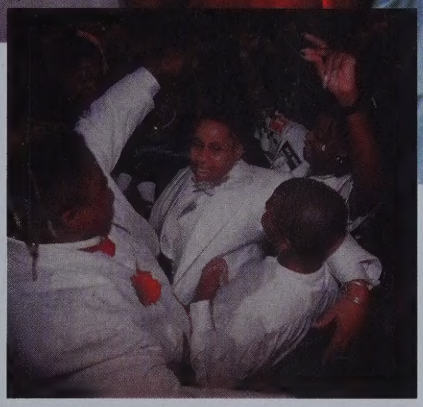
"I applaud my sisters and brothers who choose this form of affirmation of the love that lives in their souls. Historical journals illustrate and define marriage as a heterosexual ritual because lesbians and gay men have only just begun the revision process." Netu has had her share of short-lived relationships and now calls herself a "woman in waiting" for the soul mate.

Harold Carter • *Nurse*

"I think it's cute,and shouldn't just be accepted in San Francisco and Hawaii, but everywhere." Harold frequents popular social clubs and gyms, and is dating. He was once in live-in near-marital relationship with a bisexual partner.

JUST MARRIED!
Viola Lee and her wife Elizabeth Llanes said 'I DO' at Unity Fellowship Church in Brooklyn New York last summer.





Buddy Gabriel

Lighting Designer

"I don't have anything to prove by duplicating heterosexual rituals. I guess there are benefits—mostly financial—which people argue all the time, but if the only benefit is money I don't see what the ceremony brings to the relationship." Buddy is in a steady relationship. "It's not that I'm not down with gay weddings. For me I see them as another attempt to be credible and accepted by the straight world. No one argues the love and commitment. In the heterosexual world it's the mortgage, benefits and perks. I don't think the ceremony in and of itself does it. The ceremony doesn't mean one is faithful and supportive." "Ceremonies for ceremony sake doesn't mean much to me, gay or straight. In the gay community the ceremony is a way to validate. If you want to do it I'll defend your right to do it, just make sure you know what your reasons are. I wouldn't do it just to be doing it. I love a party, I'll be the first there with rice and popcorn. But unions don't mean you're committed, folks do it for the pageantry. In the case where folks want to stand before an audience and announce their love, fine! I'm there for you. But not everyone is doing it for the right reason. I'm not saying I wouldn't do it, if I do marry it would have to be for the right reasons. My mother got married a second time just to protect her two children."

Judith • *Photographer*

"I think it's a heterosexual institution. It is a no-no for me because basically it dictates that we are to follow the rules of the heterosexual marriage. I believe in two people living together and when you should go, hey, you take the shoes, TV, knife and fork that you bought and go". Judith migrated from the Caribbean with the woman she's been in an on-and-off relationship with for the last two years. "I am not a religious fanatic, I do not believe in the church, so I cannot believe in this institution. We are trying to turn it into a gay tradition...why can't we just stay home, say 'darling I love you' and leave it at that? I do not see the point, we are never going to be accepted so why put yourself through that financial headache. And the divorce thing, that's not often so nice. Mom often said, 'Judith if you can elope do it.' The very fact that you move in with someone is a public announcement that this is the person you are with. If you want to leave something for someone very special and dear to you, fine, take out life insurance in their name."

Leroy Rivers • *Mass Transit Employee*

"If it was valid it would be good. You get married but what does it mean? If divorce happens what are you left with - no alimony." Leroy is a bachelor who frequents the gym but not the bar and club scenes. He has two teen-aged sons, is divorced and self-identified as gay. "Say you have given up something you can't get back after divorce... Garth was with this guy for ten years, he put him through college and now he's alone. There has got to be some kind of compensation if you split up after ten years. Perhaps the (gay) vows need to be more like the straight's. I see a lot of guys break-up, because after college the so-called partner gets a big job." "The gay vows signify nothing, 'cause when I feel I want to get it on elsewhere, I'm gone' that's the general mindset. I mean there is no penalty like with straights, there is no great deal when you split up. No one I know takes it (gay marriage) serious." "A friend of mine who was married to a guy was bared by his supposed 'in-laws' from attending the funeral of his partner who died in a crash. He went over the deep edge mentally over this experience." "Single or wedded it stands for the same thing, unfortunately." "Funny though, I would love to do it—'cause it's so cute—then on the same token what does it mean?! It (same-sex marriage) has no meaning!."

"Why should I prolong my life if the medicine will keep me from enjoying it?"

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People treated with VIRACEPT may experience some side effects; the most common is diarrhea in approximately 20% of people in clinical trials. There are some common medications and some AIDS-related medications you should not take with VIRACEPT. It is important to discuss with your doctor all other medications that you are taking.

We still can't make any long-term promises, since it is not yet known whether taking VIRACEPT will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. But we can tell you that yesterday's HIV beliefs are quickly becoming today's myths.

Talk to your doctor about VIRACEPT, and begin to consider something new. Or for more details, call toll free **1-888-VIRACEPT** or visit **www.agouron.com**.

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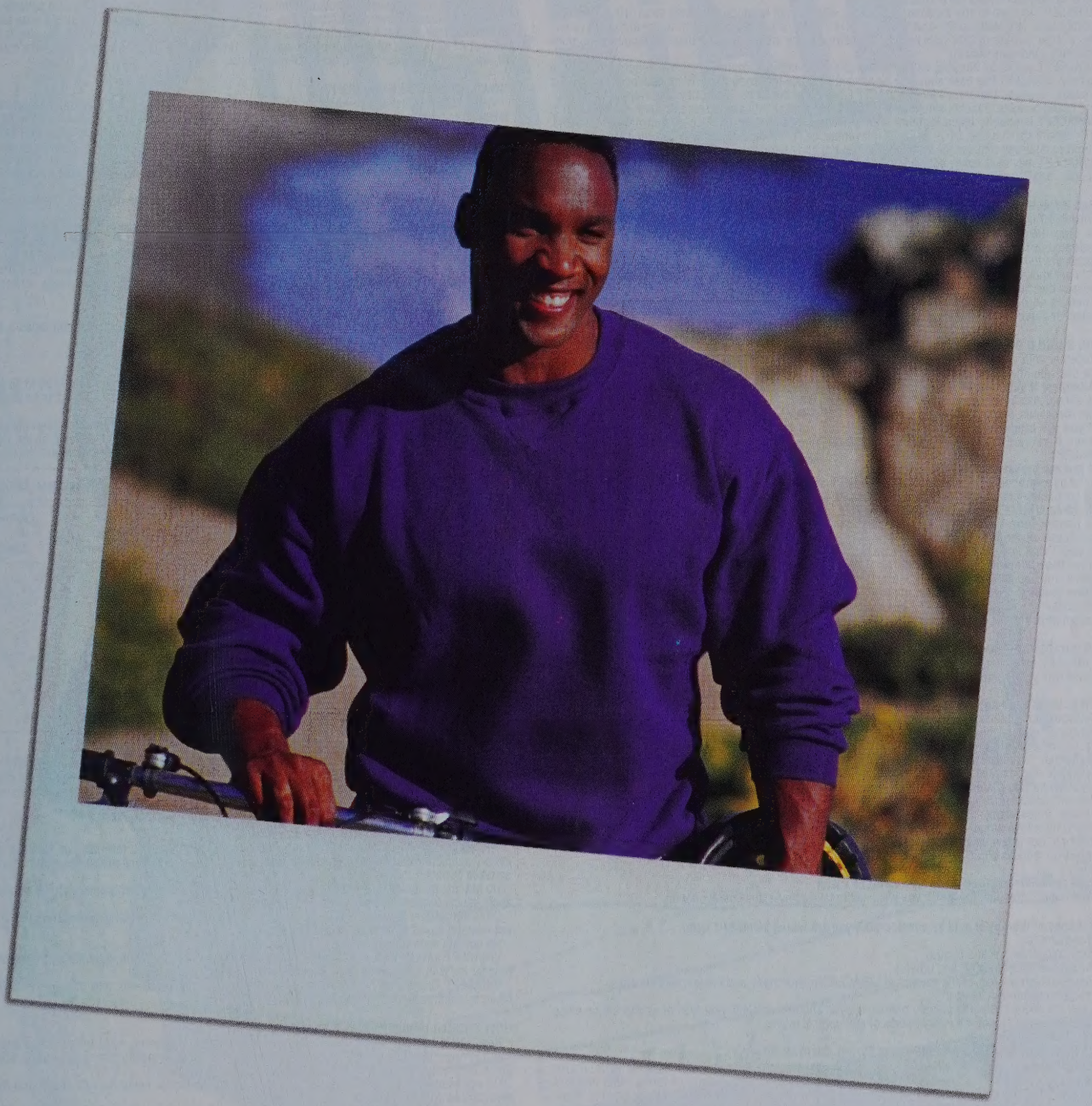

VIRACEPT®
nelfinavir mesylate

Information for Patients About VIRACEPT® (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. You should be aware, however, that the effect of VIRACEPT on HIV in the blood has not been correlated with long-term health benefits. Patients who took VIRACEPT also had significant increases in their CD4 cell count.

VIRACEPT is usually taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. The long-term effects of VIRACEPT are not known at this time. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

It is not known whether VIRACEPT will help you live longer or reduce the number of infections or other illnesses that may occur.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Drugs you should not take with VIRACEPT:

- Seldane® (terfenadine, for allergies)
- Hismanal® (astemizole, for allergies)
- Propulsid® (cisapride, for heartburn)
- Cordarone® (amiodarone, for irregular heartbeat)
- Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others
- Ergot derivatives (Cafergot® and others, for migraine headache)
- Halcion® (triazolam)
- Versed® (midazolam)

  Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.
- Rifampin (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®

  This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with:

Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

- Phenobarbital
- Phenytoin (Dilantin® and others)
- Carbamazepine (Tegretol® and others)

  These agents may reduce the amount of VIRACEPT in your blood and make it less effective.
- Oral contraceptives ("the pill")

  If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

- Retrovir (zidovudine, AZT)
- Epivir (lamivudine, 3TC)
- Zerit (stavudine, d4T)
- Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT: Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

- Viramune® (nevirapine)

  The amount of VIRACEPT in your blood may be reduced. Studies are now taking place to learn about the safety of combining VIRACEPT with Viramune.
- Other NNRTIs

  VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

- Crixivan® (indinavir)

  The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Norvir™ (ritonavir)

  The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Invirase® (saquinavir)

  The amount of saquinavir in your blood may be increased. If used in combination with saquinavir hard gelatin capsules at 600 mg three times daily, no dose adjustments are needed. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include abdominal pain, asthenia, nausea, flatulence, and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. The light blue VIRACEPT Tablets should be taken three times a day. VIRACEPT should always be taken with a meal or a light snack. You do **not** have to take VIRACEPT exactly every 8 hours. Instead, you can take it at normal times when you are eating.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 through 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight Kg	Body Weight Lb	Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
7 to < 8.5	15.5 to <18.5	4	1	-
8.5 to <10.5	18.5 to <23	5	1¼	-
10.5 to <12	23 to <26.5	6	1½	-
12 to <14	26.5 to <31	7	1¾	-
14 to <16	31 to <35	8	2	-
16 to <18	35 to <39.5	9	2¼	-
18 to <23	39.5 to <50.5	10	2½	2
≥23	≥50.5	15	3¾	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

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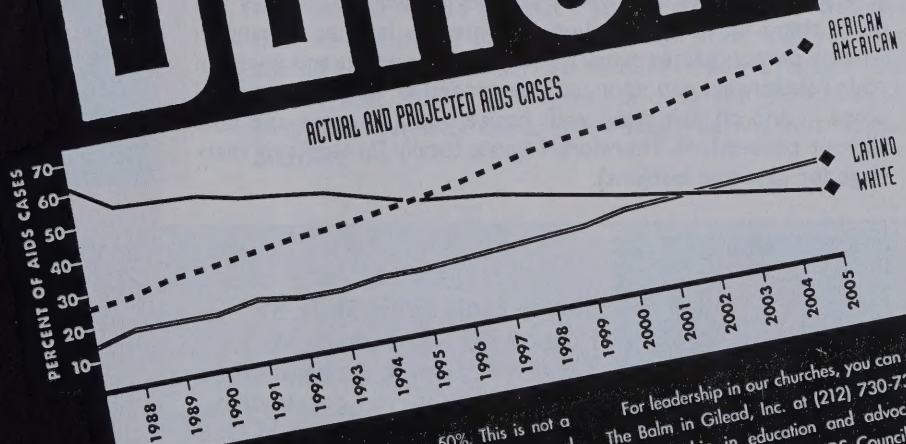
LEADING FOR LIFE

DISEASE KNOWS NO PREJUDICE. UNLESS OF COURSE YOU'RE BLACK.



If you are African American, you are almost 7 times more likely than a white person to be diagnosed with AIDS. AIDS is now the leading cause of death for African American men and women between the ages of 25 and 44. In the United States, African American children with AIDS outnumber all other children with AIDS combined. And the chart shows that 40% of all AIDS cases today are among African Americans.

In four years, that figure will surpass 50%. This is not a random affliction. We are just not taking AIDS seriously. We need our leaders to take a stand, and most importantly, take action.

We are Leading for Life, a group of African American national and community activists who, in working with the Harvard AIDS Institute, have organized a campaign to empower our communities to keep AIDS from decimating the African American race. And now, we need you to get involved.

For leadership in our churches, you can call The Balm in Gilead, Inc. at (212) 730-7381; for leadership in education and advocacy, call the National Minority AIDS Council at (202) 483-6622; for information concerning the Leading for Life campaign itself, contact the Harvard AIDS Institute at (617) 432-4400. Please, we can't do it without you.

Say Whaaat.....?

compiled by Ron Singleton

Question :

How do you feel about Legalizing Gay Marriage?

Jimmy Creer, 38 Retail consultant, Minneapolis, MN
"I don't agree or disagree with Gay marriages, but I think a person has the right to do what they want to do, and if they feel that's what makes them happy in God's eyes that's fine, but I'm happy just living with my partner without marriage. I think that's what I would do."

Doug Lightesy, 39, pulmonary specialist **& Terry Evans 34** Student Teacher, committed couple ('and married') Morreno Valley, CA
"I personally feel that any individual, not just Gays or Lesbians should have the right to get married because that's what they choose to do. There have been a lot of situations where they said there's no need to have a right to get married. You can just go ahead and make up a will or written agreement but they still don't stand up in court when it comes to families coming in when a person passes away. You live with a person and invest in your relationship and your marriage together to have someone come in and oh, just clean your house out, just come and take all your possessions. Therefore I agree, totally [in legalizing marriage for gays and lesbians].

Sherry Lynn Denis Ruth, 39
Housewife, Long Beach, CA
"I feel that Gays & Lesbians should have the right to do anything, because we are all children of God and God has no respect of persons."

Congrats!

Mario M. Cooper Honored

New York City's Mario M. Cooper, Esq. was a recent recipient of the Eleventh Annual Emery S. Hetrick Awards in recognition of outstanding contributions to the Lesbian and Gay community. Cooper founded the Leading for Life campaign in 1996 that brought together African-American leaders to join the battle against AIDS in communities of color. Past recipients of the Awards include Gay Men of African Descent, Marlon Riggs, Essex Hemphill, and Dr. Marjorie Hill.

Ronald Johnson Named GMHC's Managing Director

Ronald S. Johnson, has been appointed Managing Director for Policy, Communications and Community Relations at New York's Gay Men's Health Crisis, the nation's oldest and largest AIDS organization. In his five years in NYC's Office of the Mayor, Mr. Johnson advised Mayors Dinkins and Giuliani on AIDS-related policies. An openly HIV-positive, gay man, Mr. Johnson is former, Executive Director of the Minority Task Force on AIDS and currently sits on the Board of Directors of the National Black Lesbian and Gay Leadership Forum.

Verna Eggleston named Executive Director of the Hetrick-Martin Institute

Verna Eggleston was recently appointed Executive Director of the Hetrick-Martin Institute, Home of the Harvey Milk School in NYC. The well-connected Eggleston shared these words after a recent Clinton meeting.

"This has been one of the most incredible years of my life. Who would have thought that I would find myself designated as a 'gay leader' in our community, meeting with the President of the United States in the Roosevelt Room at the White House? We sat together as fellow Southerns, sharing stories, as well as the realization that just thirty years ago someone like myself was standing outside that very building crying out for civil rights of African-Americans. Here I was years later telling stories of the broken dreams and nightmares of young gay Americans." According to Ms. Eggleston, over 60% of gay youth served by the Hetrick-Martin Institute and it's Harvery Milk School are people of color.

Ruth C. Ellis "Never too old"
Ruth Ellis, born July 23, 1899, is the oldest known OUT lesbian in the U.S. She celebrated her 99th birthday in Detroit at a dinner hosted by Men of Color Motivational Group during Detroit's Black Gay Pride Weekend. Ellis, a spirited sister who LOVES to dance to House music, hands out business cards that read, 'Never Get Too Old To Love'.

Linda Villarosa joins The Times
New York editor and author Linda Villarosa, formerly the Executive Editor of Essence Magazine, recently joined the world renowned New York Times as metro editor. Villarosa, author of Body of Soul spent 8 years at Essence before deciding "it was time for a change". The new executive editor at Essence, Ms Monique Greenwood, is applauded by Villarosa as an "exellent choice". Villarosa, who vacationed recently in Peru with her 1 year-old daughter is working on a new book on parenting-new born to five years old.

Kim Kirkley- moves to Anti-Violence Project
New York's Kim Kirkley, a former staff attorney at Lambda Legal Defense Fund has recently joined the New York Anti-Violence Project as community police advocate.

people

Danny Burgin, 34
Music Director, Riverside, CA

"Yes I think they should have the right to marry, I mean it's nothing but a big piece of paper to me and the law, but people connect in the relationships that they choose, and when they choose, it's all about the love that they have and the respect and trust that they have for each other."

Richard Smith, 33,
Engineer, Seattle ,WA
"I think it's absolutely vital that Gays & Lesbians, particularly of African Descent do have the right to marry. It puts us in accord with the church and with God, and it enriches and brings us a lot of positive energy and all to have that particular right, so it's extremely vital."

Ron Simmons, Ph.D., 47,
Exec. Dir., Us Helping Us, Washington, DC

"I guess if people want to get married, it's fine with me. I personally don't think we need to expand a lot of energy trying to make that legal, because there are more pertinent issues such as jobs, and housing that we could deal with, and marriage is more of a legal institution, but if you're married, you're married. Now, I do say that if you've got kids, and stuff like that, for adoptions and wills and legal stuff, well yeah we should be able to get married because of all the hassles. But to me that is not the highest priority the Black Gay & Lesbian community needs to be really dealing with at the moment."

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Supporting the Freedom to Marry

"On June 13, 1996, at our church and before hundreds of our family and friends, we committed ourselves to each other before the Lord, whom we serve. We vowed to love and care for each other unconditionally for the rest of our lives. However, in the eyes of the law, when we left that church we left just as we came, without legal status or recognition."

By Kim Paula Kirkley

This passage, written by Marjorie Hill, Ph.D. and Christine Edwards, J.D., tireless workers in the struggle for lesbian and gay equality, reflects the dreams, devotion, and discrimination that many same-sex couples discover. Today, no same-sex couple is permitted to marry in any state in this country—no matter how committed their relationship, no matter how much their family needs the protections that come with civil marriage, and no matter how these couples, like Marjorie and Christine, have already accepted the responsibilities that come with marriage, the central familial Institution in this society.

As the description of their wedding day shows, there is a difference between civil and religious marriage. Marjorie and Christine's union has been affirmed by their religion; but, as they point out, in the eyes of the law they are strangers. Unquestionably, this is not a fight to force any religious institution into performing or extending religious recognition to any marriages it doesn't want to. Our struggle for the freedom to marry is based upon the human right to a civil marriage license issued by the state. Just as the state should not interfere with religious ceremonies, religious groups should not control who gets a civil marriage license. The important personal choice of whether and whom to marry belongs to each couple, not politicians or pressure groups.

Yet, even before our families have won the freedom to marry anywhere, an organized right-wing backlash campaign (by many of the same folks who opposed our equality as African Americans in the 50's and 60's) is poisoning the discussion and has hatched a federal anti-marriage law that declares our lawful marriages to be "second-class" (deprived of any and all federal recognition and

benefits). As part of the backlash, anti-marriage bills have been introduced in most state legislatures, and some are being adopted (though more have been rejected as bigotry). These battles are tough but winnable — we are fighting every day.

As African-Americans, our history tells us that the fight against arbitrary discrimination in marriage can be won. Just thirty-years ago, the United States Supreme Court's ruling in Loving vs. Virginia reversed the sixteen remaining laws which prohibited and punished blacks, other people of color, and whites, who attempted to marry across color lines. The Court held that "racial hygiene" laws unconstitutionally sought to interfere with a person's right to marry the partner of her or his choice.

Similarly, more and more people are recognizing that, like race discrimination, sex discrimination in marriage is cruel and wrong. In fact, the highly respected Hawaii Circuit Court Judge, Kevin Chang, concluded that all evidence shows that gay people make good parents; our children are growing up healthy and well-adjusted; our relationships are as committed and loving as those of non-gay people, and we share the same mix of reasons for wanting and needing the freedom to marry as our non-gay sisters and brothers.

As our struggle for the freedom to marry continues in the courts, as we fight state by state anti-marriage bills, there is a third battle in which everyone can take part. What we must do, and what our enemies don't want us to do, is continue the dialogue on marriage, changing the vocabulary with which society talks about us. We need to ask non-gay people to support our freedom to marry. In the past two years, the shift in public support has been dramatic and encouraging. Newsweek reported that only 56% opposed equality in marriage last summer.

It is especially important that we, lesbians and gay men of African descent, let our communities and our natural allies know what is happening in Hawaii and every other state. The Japanese American Citizens League and the American Civil Liberties Union, who represented the Lovings in their marital discrimination case 30 years ago, were the first non-gay civil rights organizations to join us in this struggle. Allies like the National Organization for Women, Parents and Friends of Lesbians And Gays, People for the American Way, and religious voices in several mainstream denominations have signed the Marriage Resolution supporting access to legal marriage for gay couples and have joined us in this struggle. Additionally, the Hawaii marriage challenge has been supported by the Asian-American Legal Defense and Education Fund, the Mexican-American Legal Defense and Education Fund, and others. But there is more work to be done.

We must remind our communities that the freedom to marry is a civil rights issue which affects real people, real families. As the Promise Keepers and other regressive groups obscure their patriarchal, racist objectives while organizing in African-American communities, we must affirmatively apprise our sisters and brothers of who we are and the types of discrimination that we face. Once we win the freedom to marry our potential allies will not have the opportunity to sedately discuss sex discrimination in marriage. By that time, there will be real lesbians, gay men and their children, who will need the support of all fair-minded people to protect their families and our communities' civil rights breakthrough. We must begin the conversations now, so that these families will be secure in the protections and responsibilities that marriage provides.

Just as the state should not interfere with religious ceremonies, religious groups should not control who gets a civil marriage license. The important personal choice of whether and whom to marry belongs to each couple, not politicians or pressure groups.

Marriage brings with it rights and responsibilities. It carries important emotional and economic benefits-things like being assured that your child is raised by your partner should you die, it carries tax breaks, it allows you to visit your partner or your partner's child in the hospital when only family members are allowed. In fact, the Federal Government Accounting Office has issued a study which charts more than a thousand different laws addressing marital status.

Again, marriage is the central familial institution in

(Continued on page 27)

JUST A CLOSER WALK WITH THEE *(Continued from page 8)*

• Choose a center that embraces all of who you are - not tolerates it - but welcomes all of how the Spirit has fundamentally shown up as you. This idea is always reflected in a center that truly recognizes that its purpose is to nurture your spirit regardless of whether that spirit shows up as heterosexual or homosexual. This type of center sees your spirit as being part of its membership-not your sexual orientation. Remember a spiritual center's purpose: to nurture your spirit. Finding a place of worship such as this is not as difficult as it may seem if this becomes your sincere intention. You will most assuredly find one just as this writer has.

For those not yet ready to embrace a formal belief or organized extension of a belief, simply start where you are. Begin to regard any healthy expression that inspires and uplifts your spirit, such as music, dance, art or sports, as the doorway to worship. After all, the same invisible Spirit that our devout clergy worships is the same Spirit that gives rise to our celebrated expressions of the human spirit. Every journey begins right from where one is - including the journey of spiritual realization.

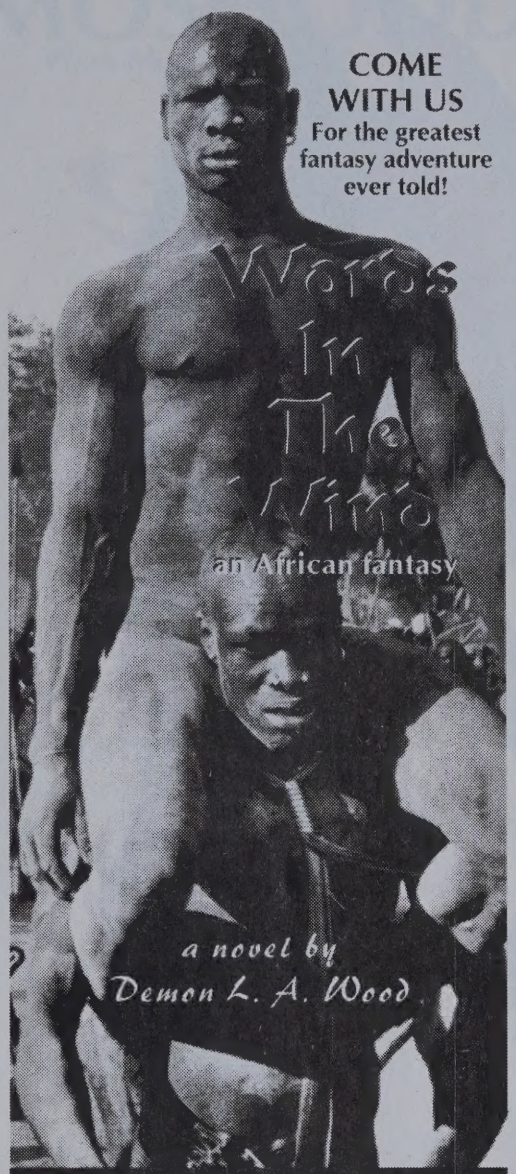
It is essential that we do not continue to allow prejudicial factions of society to co-opt spirituality (religion) for the perpetuation of oppression. For any oppressed faction of society true spirituality is the one fundamental aspect of your nature that can not be contaminated or influence by ignorance or fear. You must be able to freely turn to, and rely on, this unbiased aspect of your being for your strength, courage, love, joy and peace. You must be able, without reservation, to turn to that part of yourself that is nothing but pure love. Love is the only thing truly worth worshipping in the first place and, ultimately, it is this Love that allows everyone to have "just a closer walk with Thee."

Isaiah McGee is director of A Conscious Life Enterprises in Los Angeles, CA.

SUPPORTING GAY MARRIAGES *(Continued from page 26)*

this county. It is important that lesbians and gay men have equal access to the rights and responsibilities that are attached to a civil marriage license. We must all be an active part of the struggle for the freedom to marry and the opportunities it creates for dialogue with the non-gay public. It is a fundamental and compelling component of the ongoing struggle to create a society where the intrinsic dignity of all human beings is accepted rather than selectively denied.

Kim P. Kirkley is a former staff Attorney for Lambda Legal Defense and Education Fund.



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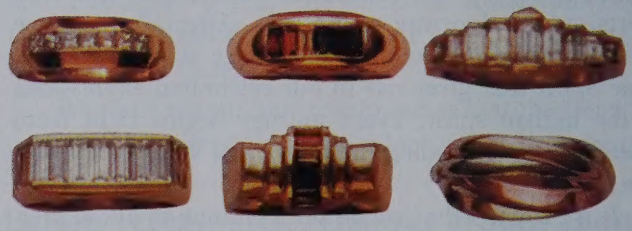
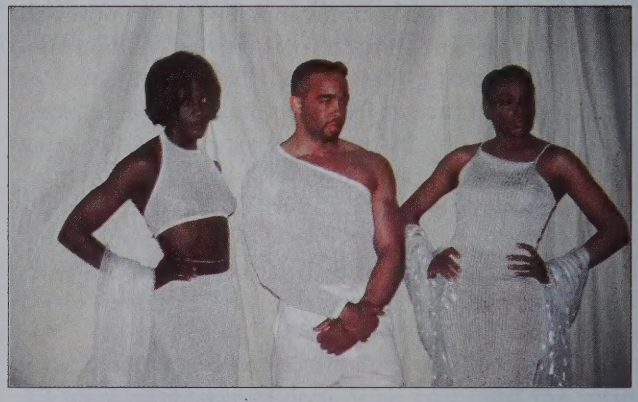
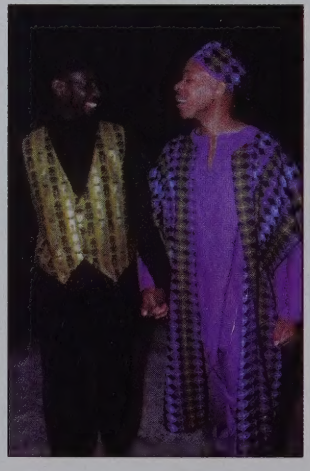
The must-have of every ceremony whether you get married wearing Dior or denim. Wedding rings from **Orbit Design Studio** at WorthMore **Jewlers** WorthMore Jewelers (404)-892.8294 or from **Ponce'**. Ponce' Jewelers (1.800)-969.RING





Mod touches in shimmering slinky fabrics for the bridal party, with cold shoulder treatment for men by **Knightwear.**



Homage to our heritage in custom-made his and his cotton-blend ensembles. African art motif adorns an usher-cut vest and a textured tunic and drawstring pants are paired with a regal robe and matching kufu, all by **James Hegwood.**

Rainbow-inspired bridesmaids' satin dresses, custom-made with matching satin purse and floral arrangement all by **Omar Sama'ey for The Sama'ey Experience** (NY).

what shall we wear?

When Donald and Leary Beckles arrived at the *what shall we wear* part of planning their union ceremony, it took them "nearly 20 minutes" to decide on a navy tuxedo trimmed in gold and accented with gold-plated buttons, and ivory white double-breasted jacket paired with a Bermuda short and traditional calf-high socks. Fitting touches for this couple who met while serving in the armed forces.

While it is anyone's guess on who holds the record time for reaching agreement on styling their wedding day attire, when it comes to choosing between ready-made or custom-made most brothers and sisters opt to make this day one draped with made-to-order creations bearing their personal touch, leaving ready-to-wear for bachelor invitees like myself. For Elizabeth Llanes' and Viola Lee's wedding at Brooklyn's Unity Fellowship Church, I was a melting pot of 7th Avenue showrooms: DKNY, Prada, Versace, Gucci. But I couldn't compete with Liz and Viola's choice of a rainbow color theme for their bridesmaids' satin dresses and attendants' cumberbands and bow ties, simple and effective. They echoed this visual effect onto their wedding cake and throughout the lavish reception hall—now that's made-to-order.

Kinte and indigo cloths shaped into Africa-inspired robes with some head wrapping, minamilist sheer sheath dresses, and even theatrical fantasies tailored after dance duo Ginger Rogers and Fred Astaire, are among other fashion statements sighted slow-stepping down church aisles across the country. Now, if you bump into CNN's Elsa Klench reporting on gay wedding trends from a pew, tell Miss Thang she's late. And remember, on this glorious day styling does not come before all else, especially the love. Its role is to complement the aesthetic of this moment and the keepsakes we acquire and treasure.

—S. Drakes

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Where on this planet can you and your Honey enjoy thee perfect Honeymoon vacation? BEACHES NEGRIL of course! The newest member of the SANDALS hotel community. Fly AIR JAMAICA direct from Atlanta, New York, Philadelphia, Chicago, and now even Los Angeles. To get to BEACHES NEGRIL, you must fly into MONTEGO BAY's Sangster International Airport (and endure a bumpy hour-long bus ride while you get a chance to see the real Jamaica, not the post card version, where people live daily.) Upon arrival the sense of how special the stay is going to be is immediate as you are greeted with champagne and cool towels for refreshment. The staff at BEACHES NEGRIL does everything to make your stay memorable and stress-free.

BEACHES NEGRIL is not just a vacation. It is an experience that will stay with you long after the honeymoon is over.

The first suggestion—don't come to BEACHES NEGRIL with a million suitcases because you won't need much clothing. Your birthday suit will do just fine for those long mornings inside your ocean-front room designed with rustic Spanish flair. Your bathing suit will colorfully decorate the white sands as you walk, run, sail, parasail, snorkel, waterski, windsurf and scuba dive or simply stretch out on a hammock and feed your new spouse fresh strawberries.

Do, however, bring two pieces of dress attire so you can visit BEACHES NEGRIL's famed SEVILLE and TEPPANTAKI restaurants. The Seville, a georgian-styled, white glove restaurant, is located on the second floor, allowing a view of the pool and beach, which you may not notice because the food is such a work of art, With "Trump" style first class service, the Seville pleases your tummy as well as your ego.

The TEPPANYAKI, a Japanese restaurant with a Reggae flair is a fine dining experience not to be missed! Imagine a deep chocolate muscular man in chef's attire, mastering his Japanese knives as he prepares a gourmet meal at your table. The sight alone is worth the trip.

This ALL-INCLUSIVE resort must have figured out that fine dining brings their guests back year after year because it boasts, not one, not two, but five special restaurants where YOU PAY NOTHING! Your entire package includes airfare, all food, drinks, transportation and tips! Just lie on the beach, eat, drink and be married!!

According to the gorgeous island boys eagerly attending to your every desire, folks in Jamaica have three slogans to live by: "COOL RUNNING"-meaning 'everything is going just fine!' "SOON COME"-meaning 'no time soon!' "NO PROBLEM!"-meaning 'yes! anything you want!'

Master these phrases, and you're in the groove of Jamaica with "NO PROBLEM." Once you're fully energized by the sun, get ready to party the night away in the resorts own dance bar. Yes, the music is right!! House, R&B, Rap, you name it! It's pumping New York style. Don't hesitate about twirling with your same-sex mate. Folks are so footless and fantasy-free that everybody dances with everybody—so just jump right in the middle of it with your honey and shake it up!!

During your stay you MUST take a journey to two nearby natural wonders -THE BLACK RIVER and Y-S FALLS. The local community has successfully fought to keep the ecosystem at THE BLACK RIVER intact and development is a no-no. Y-S FALLS is a beautiful, natural and romantic water fall. As the mist from the falls touches your body and mixes with the scents of the flowers like a spray of good perfume, you realize that this is not a dream, you are actually standing in paradise.

BEACHES NEGRIL is not only a vacation. It is an experience that will stay with you long after the honeymoon is over.

—Bobby Jones

TRAVEL

Although BEACHES NEGRIL is NOT a Gay resort, the staff and managers were very welcoming to the Venus staff and encouraged us to have our readers "COME ON DOWN!"

Exclusively Gay Vacation Resorts are excellent choices for Honeymoon destinations according to Vicki Carr of iscretions Travel in Manhattan, NY. "Sure we like to travel all over the world but some people don't want to vacation or honeymoon with straight people around", she says. A member of the International Gay & Lesbian Travel Association, IGLTA, Carr (who is a Black and has been married to her wife for 8 years) owns and operates her travel agency with great success. "We've already booked dozens of wedding trips to Hawaii!!"

EXCLUSIVELY GAY RESORTS
This list is compiled by Discretions Travel Call 212-368-0717 for bookings.
Virgin Island - Rent-a-Villa
Jamaica - Strawberry Hill
St. Croix - On The Beach Resort
Dominican Republic- Purple Paradise
(For Women Only)
Barbados - Roman Beach Apts.
Puerto Rico - San Juan Marriott Resort
New York City - St. Moritz
Nassau - The Guest House

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Black Gay America's Guide to News & Entertainment

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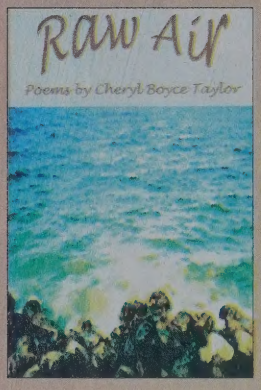
books

My Brother, A Memoir
by Jamaica Kincaid

Renowned author Jamaica Kincaid appears to lift the mist off of the wildly different worlds of her childhood Antigua and current residence Massachusetts. This spellbinding book goes beyond the realities of HIV in the Caribbean, and a sister's connection with her brother. Kincaid faces the inescapable realities of her brother's wasted life, her mother's destructive love, and the heaviness of the lives of her two other brothers, whom she never calls by name, and promises to write about another day. Through her intelligent Caribbean eye, her inspired prose and her commitment to stay with the feeling no matter how exposed she becomes or how distant from it she may go, Kincaid has created an eerie masterpiece. This is a book to read and re-read and to tell friends about. Go and get it.

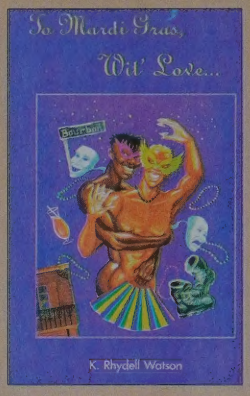


Raw Air
Poems by Cheryl Boyce Taylor

Born in Trinidad and Tobago, Cheryl Boyce Taylor is a performance poet based in Brooklyn New York. Raw Air, her first full-length collection of poems, skillfully presents the following elements: poems capturing everyday life in Trinidad dialect, hot, sensuous love poetry of women loving women, captivating images of the important men in her life, beautiful reminisces of her mother, grandmothers, aunts and cousins, strong voices against racism, classism, war, poverty and bigotry. Strong voices remembering Africa, Audre Lorde and Sylvia Plath. Experience and enjoy.

Low Hanging Fruit
G.B. Mann

This collection of 9 short stories is more about human sexuality in a cultural context than the genre of predictable homoerotica. The context happens to be African American men loving men, against the fabric of present day urban American life, as well as loving in the distant past. The stories avoid the trap of presenting one sex scene after another. You read the book for the stories. The sex is great but in addition, Mann's skillful storytelling has the reader's emotions aroused by the infinite antics of human sexual attraction and relationships. This book is satisfying in its authenticity, its use of storytelling to educate and enrapture the listener in the African tradition, and its ability to maintain the integrity of its characters. Congratulations to G.B. Mann on this successful first novel. Collect this one and wait for the next!



Mardi Gras, Wit Love
K. Rhydell Watson

A wildly hilarious tale, 'To MardiGras Wit' Love...' describes a romantically enjoyable couple on a fun and adventure hunt in New Orleans. They never have to look far because fun and adventure is where ever they are! K. Rhydell Watson uses his incredible literary skills to paint a colorful love story between two committed Black gay men who thrills you with his erotic comedy. Relax...if you can ...and enjoy!

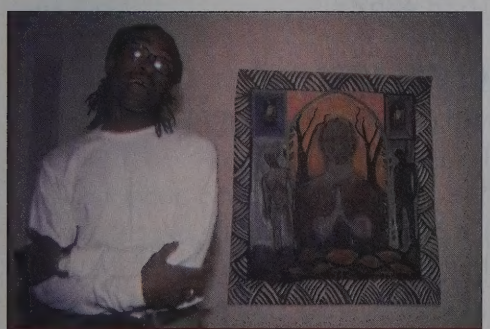
Men Together
Anderson Jones, David Fields

(Running Press, 1997)

Love is complicated, no matter who you are or whom you love. Here are stories of twenty-nine men whose loving, committed relationships have endured in spite of social norms, pressures from family and friends, and expectations about what it means to be a man in this world. In original essays by Anderson Jones, a freelance writer and on-line editor with Turner Network TV's Rough Cut website and with portrait photography by David Fields, the book includes a popular African-American couple Leonard Green and Steve Langley of Washington D.C. Green is quoted by Anderson, who is also Black, "When my mother realized that she had three sons who were gay," Leonard says, leaning back in his chair, "gay people weren't 'stinking things' anymore. They were respectable people. It made a difference in her life."

Artist Keith Duncan in the shadows of part of his 'Angel series'

"Tenisha" and "Erica", from Bett-cook Disney's four panel mixed media installation.



Artist Gregory Russell before his oil on canvas painting entitled, "Same Old Song"

No Matter What (NMW) is a newly formed collective with a primary goal of creating art exhibitions where collectors of African-American Art can interact and exchange ideas with contemporary African-American artists. They presented their first privately funded exhibition "The Salon Renaissance" last fall at The Gallery in New York City. Featured artists were Gregory Russell, Renee Cox, Robun Holder, Brett Cook Disney, Keith Duncan, Michele Godwin, Chakai Booker and George Pitt.

Pictured, the No Matter What mavericks: Brett-Cook Disney, Michael MonCrieffe, Renee Cox, Alvin Adell, Chakaia Booker, Keith Duncan, Gregory Rusell, Robin Holder and George Pitts (not pictured, Michelle Godwin and publicist Michael Hatcher.

The exhibition covered a variety of mediums, including painting, photography, printmaking, drawing and sculpture. Russell says, "once we began developing the collective blueprint, we felt a single art show would limit our ultimate goal of providing on-going educational forums for artists and collectors." Realizing the power in this network, NMW rallies to address other problems that plague the African-American community. Future Salons will include topics such as entrepreneurship, community development and healthcare. —Ray A. Mobley

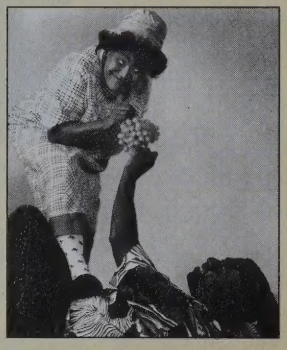
photography by Sean Drakes

Theatre

SECRETS...

If you happen to be in New York City looking for THEE Black Gay and Lesbian live musical experience, then Run, run to see "Secrets..."! Musical/Artistical director Miche Braden along with her Performance Art Chorale known as The PAC, are burning up the stage with this witty new comedy Musical. Best of all is the pure vocal talent of the group. These are no 'wanna-bee' singers. Soul-stirring harmony electrify their sold out audiences. In fact, the earth moves when Alexis P. Suter performs her version of 'Lean on Me' (she's also a member of the Lavender Light Gospel Choir and working on a solo CD). Oh, but the Show-Stopper is The PAC's version of an all girl Doo-Wop quartet (Miche Braden, Quisha Lawson, Linda Pino & Alexis Suter) singing "All The Things Your Man . . . "[Won't Do]. These girls are so polished you'd swear they were choreographed by the Four Tops themselves. Fret not fellas, "Secrets..." has got plenty for you too like The PAC Man Medley performed by Bobby Berry, Adi Cummings and Mark Fowler. Braden, who recently returned from a musical tour in Japan, is brilliant on key boards and vocals and either wrote or arranged all but two songs. For upcoming show dates and tickets call (212)-604-4828.

MOMS



Funnywoman Jackie "Moms" Mabley is being impersonated by the talented comedienne and Helen nominated playwright, Charisma, to surprisingly moving effect. She brought the house down last spring performing Mom's famous bawdy routines, opening for singer Ann Nesby during Washington DC's Black Gay Pride Weekend. Staying away from Mom's raunchiest material, Charisma's character is still plenty earthy. "A Night With Jackie Moms Mabley" written and performed by Charisma, and directed by Ed Bishop has been showcased in numerous theaters. For bookings call (202)726-3403.

THE PERSONALS

Written and directed by Black lesbian playwright Kimbley Gilchrist, The Personals opened last fall starring Kimbley Gilchrist, Cheryl D. McClendon, Carmel Forte, Jane Gavin-Lewis and Frankie 'Lady Jasmine' James. Gilchrist's character goes on a series of wild dates after placing an ad in the classifieds and experiences some adventure and some very humorous mishaps as when (unbeknownst to her) one of her dates turns out to be a female impersonator.

UHURU

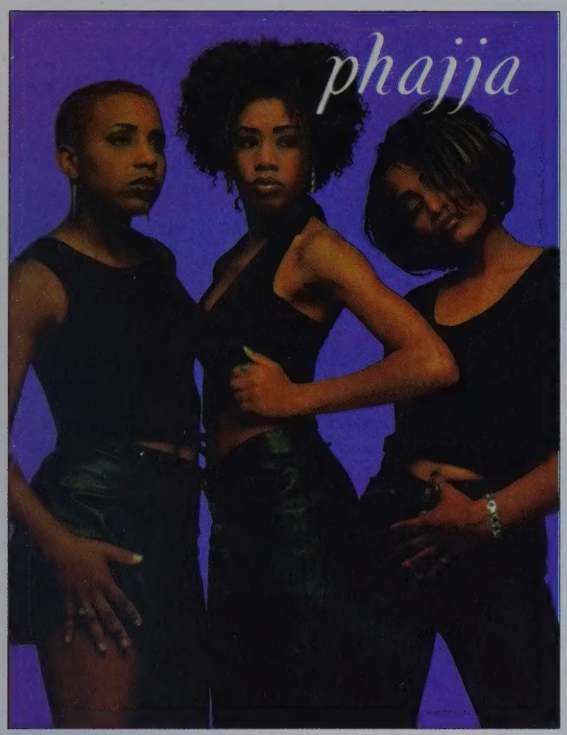
Written by Wanneh Freeman and Produced by Roxanne Wilshire for Mad Raw Productions, "UHURU" which means freedom in Swahili, is a short 30-minute narrative that takes a realistic look at the trials and tribulations of a young African woman's struggle with domestic violence and her own sexuality. Efemia Jolou- the lead character, is a native West African woman who immigrated to the United States in the early eighties.

Efemia soon discovers her own homosexuality as she attempts to suppress her attraction for women. Finally, coming to terms with her sexuality and after ending a five year relationship with a man, she is stunned when her lover, who is a Black American abuses her physically and emotionally. Just when Efemia has given up all hopes of ever meeting a decent woman and vows never to get close to another Black American woman, Tiara Mason – a Black American, walks into her life.

"UHURU" is relevant to all women, but especially Lesbians of color; all of whom will find some reflection of their own experience. The film will tour the US during '98. For current listings & information I call Roxanne 201.418.9331, Charmaine (718)-783.4610, or Wanneh (718)-638.4862.

CIVIL SEX

Written and performed by Brian Freeman of Afro Pomo Homo, Civil Sex is a one man drama depicting the life of Bayard Rustin, the openly gay King advisor and organizer of the 1963 March on Washington.



Phajja R&B

If you ever have the good fortune to meet the members of Phajja face to face, don't be surprised if they say "hello" in perfect, unintentional harmony. "That comes from ten years of singing together non-stop," laughs Kena Epps, who, along with her sister Nakia and Karen Johnson, comprise this stunning R & B vocal trio. Their sultry debut Warner Bros. album, "Seize The Moment," recalls a time when sophisticated R & B ballads dominated the musical landscape, and love was expressed in song.

Their name means 'new beginning' in Arabic, and it well captures the spirit of the group today. "We've been working on this album for a long time," notes Nakia, "and it's a great feeling to see how far we've come." Why all three gravitated towards the classic R & B vocal approach of stars like Gladys Knight, Diana Ross, and Jennifer Holliday, rather than the harder-edged hip-hop of the day is a matter of little mystery to the group. "Our mom sang," remembers Kena. "Our aunt sang. It's just the way we were raised. I think we have old souls in young bodies."

Now that Phajja is virtually at the threshold of stardom, the three feel especially thankful. "The support we've had from the people around us and God has really helped us make it through," recalls Karen. Adds Nakia, "We love each other. We hear about problems other groups have, and we simply don't have them. Adds Kena, "If you come to a Phajja concert, you'll see three beautiful women, hear three strongly soulful voices, and enjoy a very big performance. We guarantee you will feel the songs we sing."

Johnnie Eason Jazz

The voice of jazz vocalist Johnnie Eason has often been compared to that of Sarah Vaughn, Carmen McCrae, Gloria Lynn and Cissy Houston, yet she retains a sound that is uniquely her own. A native of Kansas City Missouri, she has worked with a number of artists, including Jay McShan, Honey Cole, Johnny O'neal and Gary Motley. Just after performing at the 1996 Olympic games in Atlanta, Ms. Eason announced the release of her new compact disc titled, "If This Is Love." To order call (404)-362-9228 or visit www.acme-atlanta.com/music/jem.

The Union Gospel

Gospel Divas, The Union, performed hits from their self titled CD at Unity Fellowship Church Brooklyn New York

JILL TRACEY'S 411

JANET UNTIES HER VELVET ROPE...

Well we know what Janet did on her summer vacation. Got a few tattoos, pierced a few body parts, explored her kinkier side, and documented it all on her latest CD, The Velvet Rope. From masturbation to bondage to a little lesbianism in between, Janet explores all her sexual fantasies and gives listeners a front row seat, and child, is it ever hot up in here!

From the beginning there are interludes woven throughout the CD with Janet "taking care of her business" while on the phone with her girlfriend, who promptly tells her, "Your coochie gon' swell up and fall apart" to her seduction of a virgin child on her remake of Rod Stewart's "Tonight's the Night". Then there's Janet begging "tie me up, tie me down, make me moan real loud" on a little ditty called, Rope Burn. (Mama Katherine is somewhere with a Watchtower and a fifth of gin asking herself, where did I go wrong???)

Janet Jackson's 2nd single, "Together Again," is a tribute to all her friends who died of AIDS. She says she wanted to celebrate their spirits with the song. Indeed she has, it will bring a tear to your eye, for sure.

This is a bold statement for Miss Janet (and a funky one I might add) The jam on the CD is definitely YOU, and she pays tribute to that Jackson super production on "I Get Lonely" all big and sexy. If you haven't yet, definitely pick up Miss Jackson's Velvet Rope and unleash some fantasies of your own...

But as usual, another member of her family's scandalous personal life is even more risqué. The 411 is **Jermaine Jackson**, (you know, the one that dogged Michael on a record he thought was going to blow up but didn't, then married his brother Randy's baby's mama - yes that one), well now he's cheatin' on the wife with his 28 year old assistant, one Lawanda Lane. Well now it seems Randy and Jackie aren't speaking to Jermaine and the family is divided over that and now Lawanda is talking, you know- talking to publishers about her affair with Jermaine. Certainly more to come...

COME OUT, COME OUT WHERE EVER YOU ARE!!...

Just what were **Angie and Debbie Winans** thinking when they wrote this song "It's Not Natural", their anti-gay tune on the 2nd LP titled "BOLD"?? The girls, managed by Whitney's good girlfriend Robyn Crawford, say the song was inspired by that coming out episode of Ellen. Angie Winans says a "Holy angel" came over her when she saw the episode . . . "because if kids see that they will emulate it."

Give me a break. There is nothing 'harmful' about finding out Miss Ellen is gay. But the 411 is, I KNOW they have gay friends, not closeted either, I mean gay from across the street! (Not to mention both of them are practically on the porch waving!) I don't know what's up with that!?—- with this Self-Hatred.

MARCIA, MARCIA, MARCIA!!!

Well what a great little actress **Maureen McCormick** is. She played Marsha on the Brady Bunch and confesses, that all the time she and Jan were lusting after the boyz, she was really lusting over Jan. Maureen says, "I had a crush on Jan and we loved each other." Well you know what they say, keep it in the family . . . Maureen's publicists deny that any of this happened and say it's a set-up. Hollywood scandal tactic #121, Deny, Deny, Deny.

NEVER KEEPING SECRETS

Miss **Nia Long**, who received rave reviews for her role in Soul Food, is already at work on her next project, The Secret Laughter of Women. In it, Nia plays a Nigerian mother named Nimi who becomes the object of affection of an English Writer. That should be really interesting. The film is due in theaters any time now.

And speaking of appearances, Miss **Patti Labelle** says she will never again play the Hollywood Bowl in California after the way she was treated. Sound problems made Patti almost impossible to hear, and over zealous security wouldn't let her family backstage and tried to stop her from bringing folks on stage with her! Miss Patti said she's never been treated so badly and never will again. She used much more colorful wording.

Newly Weds!!

Jada Pinkett and Will Smith got married Big Willie Style! Now you know rumors have been rampant that they are just covering for each other - that both maintain lovers of the same persuasion. Well, unlike some other couples that this has been said of in Hollywood, Will and Jada seem to truly be friends and that should sustain them. Good luck to them both, and with the new baby due in the summer.

Fueling the rumors about Will's preferences is the fact that Will Smith is considering the role of Duke Ellington's arranger and collaborator in the new film, "Lush Life." And now **Denzel Washington** is in Serious talks to star as Ellington in the film based on Irwin Winkler's book "Lush Life: the autobiography of Billy Strayhorn." As you may know, Billy was gay, but just because Will plays a gay man doesn't mean he is right?? Can't you just see Will and Denzel! I think that is genius!!

A SISTAH AFTER MY OWN HEART!!!

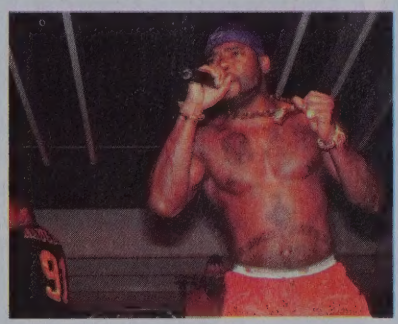
Sandra Bernhard, comedian and all around wild woman, you'll remember she came to wide attention after her affair of sorts with Madonna, has been a stand-up for a long time. The very pregnant Bernhard has got a Broadway show called "I'm Still Here Damnit!" where she goes off on Miss **Mariah**, The Pariah. See—I'm not the only one that knows she's absolutely transparent. The 411 is Sandra says ever since The Pariah left hubby Tommy Matolla, she's trying to "Get Black". Bernhart quips, "I hate it when people have a drop of black in them and use it when it's convenient." Thank you!!!

STELLA'S FUNKIN' FOR JAMAICA

It's taking long enough to get this movie to the screen but it looks like **Terri McMillian**'s "How Stella Got Her Groove Back" is finally shaping up. From jump, **Angela Basset** had the lead role and there was lots of talk that **Tyson Beckford** was going to be Angela's love interest but that role has gone to newcomer Chai Diggs. The big news is Regina King whom we love has just been cast in the role of Stella's sista in the movie and a little bird tells me producers want **Lil Kim** to play Stella's Hairdresser. The movie wrapped last fall in Jamaica. I'll keep you up to date on that one.

Jill Tracey is an entertainment writer and radio personality for WHQT-FM Hot105 in Miami, FL

Grace Jones



Fashion Diva Grace Jones (top) performed at New York's Gay Men's Health Crisis, (GMHC's) AIDS Dance-A-Thon which raised over $600,00.00 during a five-hour extravaganza. The evening's performances included Salt-N-Pepa,(center right) Naughty by Nature (center left), Zhane,(above with the Queen) and Changing faces. Also on hand were celebrity show hosts Sandra Bernhard, Rosie Perez, Queen Latifah (above,center), Nona Hendryx and Leon. **Photography by Tina Paul**

News&Notes

DR. MARJORIE HILL KEYNOTES CHICAGO UNITY CONFERENCE IV

Chicago–Dr. Marjorie Hill, a nationally recognized activist and former New York City mayoral gay liason, is now confirmed as keynote speaker for *Unity IV,* the annual Chicago conference on Black lesbigaytrans issues. The conference theme, *Renaissance and Renewal: Celebrating Ourselves,* acknowledges the reenergizing of community building in the Black Lesbigay/transgendered community. The event is set for Fri., April 3 and Sat., April 4, 1998 at the Holiday Inn Chicago City Center. Call (312)-409.4917

HOMOPHOBIA TEST

Zimbabwe–On behalf of the gay rights group OutRage!, British Gay Rights activists Peter Tatchell wrote to the notoriously homophobic president Robert Mugabe, challenging him to take a test devised by US psychologist, Prof. Henry E. Adams of the University of Georgia. Research by Prof. Adams suggests that 80 percent of men who are homophobic have secret homosexual feelings. In Prof. Adams's test, homophobic men who said they were exclusively heterosexual were shown gay sex video. Four out of five became sexually aroused by the homoerotic imagery, as recorded by a penile circumference measuring device (a plethysmograph). These findings were published in the prestigious US Journal of Abnormal Psychology in 1996, with the backing of the American Psychological Association. Prof. Adams says his research shows that most homophobes "demonstrate significant sexual arousal to homosexual erotic stimuli", suggesting that homophobia is a form of "latent homosexuality where persons are either unaware of or deny their homosexual urges".

This evidence supports the theories that homophobia (fear and hatred of gayness and support for anti-gay discrimination) is often indicative of repressed, self-loathing and homosexual feelings; and that many homophobes subconsciously use anti-gay attitudes as a smokescreen to disguise their own homosexuality.

FURTHER INFORMATION:
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Address: 35 Colenbrander Road
Milton Park Harare Zimbabwe
Postal Address: Private Bag A6131
Avondale Harare Zimbabwe
Tel/fax: (int + 263-4) 741736
http://www.icon.co.za/~stobbs/galz.htm e-mail: galz@samara.co.zw

IN A NEW SOUTH AFRICA-GAYS FIND RESISTANCE TO CHANGE

Johannesburg-South Africa – Busi Kheswa, chairman of a black homosexual organization in Soweto, was dancing with her girlfriend at a downtown nightclub recently when a stranger started shouting at them, according to a recent article in the New York Times reported by Donald G. McNeil Jr.

"He said my parents hadn't performed the proper rituals when I was born, and that's why I was abnormal," she said.

Zanele Mphika, a policeman, was walking with her girlfriend in a black township when a thug drew a gun on them. "He told me he knew who I was, and he was going to rape my girlfriend in front of me to teach us what happens to people like us," she said. Caught without her own weapon, she fought him off barehanded.

The country's new, post-apartheid constitution, ratified last December, bans discrimination on the basis of sexual orientation. But achieving full legal protection for homosexuals is proving a slow process, and even when laws change, anti-homosexual attitudes persist.

Sodomy, in fact, remains a Schedule 1 crime, meaning that a private citizen can arrest someone he suspects of it and even use deadly violence to do so. Last June, in a case concerning consensual sex between two prisoners, a Cape Town judge ruled the law unconstitutional. But his decision does not apply to the other eight provinces, and dozens of prisoners are still charged each year.

Another law, the Sexual Offenses Act, prohibits any act between men "at a party" that leads to sexual gratification – including kissing or touching. The law was passed in the 1960s after a vice raid on a men's party at a home in Johannesburg.

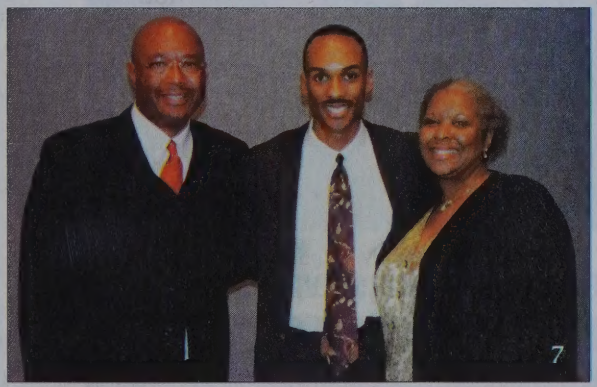
Legal discrimination survives in other areas. A doctor may not artificially inseminate an unmarried woman, so homosexual women who want to bear children must find other means. Homosexual couples are not permitted to adopt children. Homosexual relationships are generally not recognized for pension or medical benefits. Some judges have denied divorced homosexual women custody of their children and even visits when their female partner is present.

Black society has deep homophobic streaks, based less on religion than on the overwhelming emphasis on having children to continue the family line. Ignorance in rural culture also plays a role. Sexuality is rarely discussed at home or school, so myths abound.

"If you tell people you are gay, the first question is, 'How do you have sex?' They think you have a penis AND a vagina," Ms. Kheswa said. "At high school, if the boys suspect another boy, they will pull off his clothes to see what's happening with him."

IN THE MIX

Society Photos



1. Founders moment
l/r Chuck Posey, Dorothy Ford and Darnell Brewster, founder of Brotherhood of the Gentlemen Inc. pose for paparazzi.

2. Four Men and A Lady
l/r Dorothy Ford, Keith Boykin, writers Hiriam Bonner and E. Lynn Harris with Darnell Brewster at a Washington D.C gala.

3. Take Two
E. Lynn Harris and Dorothy Ford at the Gentlemen's gala.

4. Working Women
Monique Meadows of NBLGLF and Carlene Cheetum, former exec.dir of Black gay pride day DC at a Forum fundraiser

5. The Value
Author, Iyanla VanZant, keynote for the Forum's Congressional Black Caucus dinner explains the value of giving to the Forum as

6. Former mayor of Cambridge, MA, Ken Reeves, Congresswoman Cynthia McKinney and Rev. Julius Cheeks reflect and listen.

7. All Smiles
l/r Ken Reeves, Keith Boykin, Sabrina Sojourner, DC shadow representative at Forum fundraiser.

8. Keeping Hope Alive
Congressman Jesse Jackson, Jr. and Mary R. Morten, City of Chicago's mayoral gay liason at HRC dinner.

9. Awards
Verna Eggleston and Mario Cooper chat at the Hetrick-Martin Institute's award ceremony in New York.

Photo credits
1,2,3—Brian O'neil
4,5,6,7— Jen Gray
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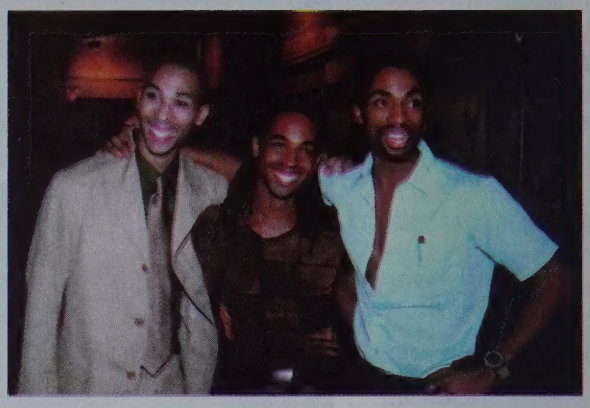
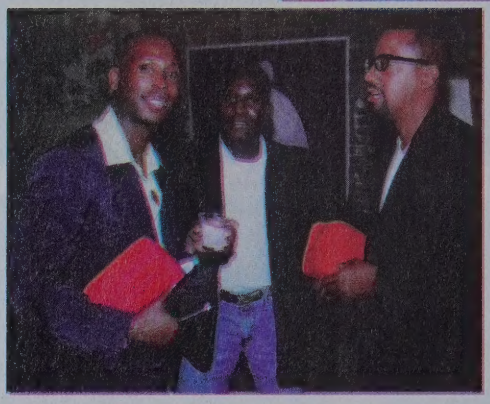
PHOTOGRAPH BY SEAN DRAKES

BEAUTIFUL COMPLEXIONS





Former Alvin Ailey principal dancers Dwight Rhoden and Desmond Richardson, rocked the house—balcony, mezz and orchestra—for their 3-year-old company's fabulous three-night run at BAM's Majestic Theatre recently. Pictured, artistic directors of COMPLEXIONS - A concept in Dance, Dwight and Desmond, and production crew, say, 'mozzarella' for paparazzi at their closing night reception (top left). KUDO FROM A KING: Audrey Lynch III (top right) out of cat character from Broadway's Lion King warms the room with Complexions dancers Christopher Freeman and Desmond Richardson. (left) FIRST NAME FLATWEAR: Tyrone, Clarence and Reggie, among the bevy of handsome fashion plates at Complexions' closing night performance.

WEAR'S THE ART

Earl, Alvin and Roberto draped in divine designs pose below a self-portrait of Renee Cox in her birth suit, entitled 'Yo Mama'. (above) Opening night at the 'Salon'.

A REAL READ

l/r Ronda Bedgood, Byron Stewart, CC Carter and, Sanford Gaylord members of Chicago's Black Lesbigay theater troupe, A Real Read.

EMBRACING OURSELVES

Back; Michael Piper, Steve Oxendine, Keith Boykin, Steve Walker, Phil Wilson Front; Willa Taylor, Mandy Carter of the National Black Lesbian and Gay Leadership Forum

photo by Israel Wright

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Organically Black

By Kathleen E. Morris

It continues to amaze me that folx are surprised to "learn" that Black gay and/or lesbian experience is not different from the general Black experience. As if declaring same gender love strips the person of his/her Black family roots, Sunday dinners, doubledutch, cornrows and "kitchen" . . . getting a press & curl in Mrs. ____ basement "parlor" and knowing in the pit of one's stomach the familiar smell of burnt hair, grease . . . and something cooking upstairs . . . that the brown skin that covers our bodies and informs how we move in this white America . . . is suddenly stripped away, leaving instead, some exotic "other" . . .

When I started writing, it was with the firm personal and political commitment to write in the language of MY folx. I would not waste my creative energy finding language to "explain" the Black American experience to others. My characters would be known to US — how we see, feel and taste the world . . . and those from outside who wanted to look inside, would have to stretch their lives to our reality.

Now, I am continuously faced with the dilemma of writing so that MY folx understand that WE (Black gay/lesbians) share the same history, the same experiences of living in this white America — the only difference being that WE have the added burden of having to deal with our own people dismissing, denouncing, disrespecting. WE have also to deal with the heart wrench of explaining to OUR family that we are Black first — that it is not something that can be separated, it is not a choice — that issues of love, loss, life, death, anger, revenge, innocence lost, betrayal, family . . . Spirit — are universal to our Black experience — separate and apart (and yet, not) from whom we choose to love most intimately.

I am continuously faced with the dilemma of writing so that MY folx understand that WE (Black gay/lesbians) share the same history, the same experiences of living in this white america. . .

This issue was brought sharply into focus at the Yari Yari conference (a ground-breaking gathering of international women writers of African descent) where the Black lesbian presence was sharply limited. . . and even this small concession given grudgingly and only when it was clear that the lesbian voice could not be completely silenced. The first day of this conference, I attended a panel discussion where I was told in effect that my lesbian experience was not "organic" to the Black literary tradition – this in answer to my question on whether or not the hostility exhibited by many in the Black publishing community towards Black gay/lesbian writers would be examined and altered. I was further informed that it would only change when "we" put "our" people into the business.

I went home that night outraged. I wondered about the assumption of that panelist (and by their silence, the other panelists) that the life I lead, the words I write, the scenes and characters I create were somehow something "other" than an "organic" Black American experience. Her words echoed a discussion I'd had only days before when, after writing an essay on dyke spirituality, I was questioned about my use of "conventional" vehicles to "humanize" lesbians — and I had to ask then — and I have to ask now — what else would I use? I wanted to scream "my ashy knees are best "un-ashed" with vaseline — same as yours!"

And as I tried to justify myself, my life, my Spirit again, I stopped and asked myself — what is my mission as a writer? To present to the Black gay/lesbian community, emotionally and spiritually healthy Black characters living their lives — their queerness not the issue of their lives, but a fact, a color in the fabric . . . like being Black is not the ISSUE of our lives, but getting the rent paid, finding love, joy. . . peace . . . within the constraints of living in a racist (and homophobic) society — OR to write for the Black community at large to educate? . . . and I was left with a blank screen, because I felt in my heart that I should not have to explain my Blackness to another sister or brother. I felt, and still feel, that in the continual struggle for Black liberation — I should not have to fight my way from under the heels of my straight brothers and sisters. And ye . . . and yet . . .

Space was made at Yari Yari for male writers to discuss (and validate???) the direction and focus of African-descended wimmin writers as we move into the new millennium, but there was not a single panel focusing on Black lesbian writers and our contributions, past or future, to the shaping and defining of Black feminist thought, analysis or "literary tradition."

The conference left me feeling very weary and sad. Yari Yari means "future". . . and it was obvious to me that the message of the conference was that "we" were not a part of the future — not their future, anyway. My sisters. (sigh)

Were I a different person, I might choose to simply withdraw from this struggle, construct a world for myself where these issues would never be raised. . . but I am who I am — the daughter of a straight-no-chaser, politicized Black mother. I cannot let it be . . . and I am, at this time, left wondering WHERE to begin . . .

Kathleen E. Morris is author of 'Speaking in Whispers'.

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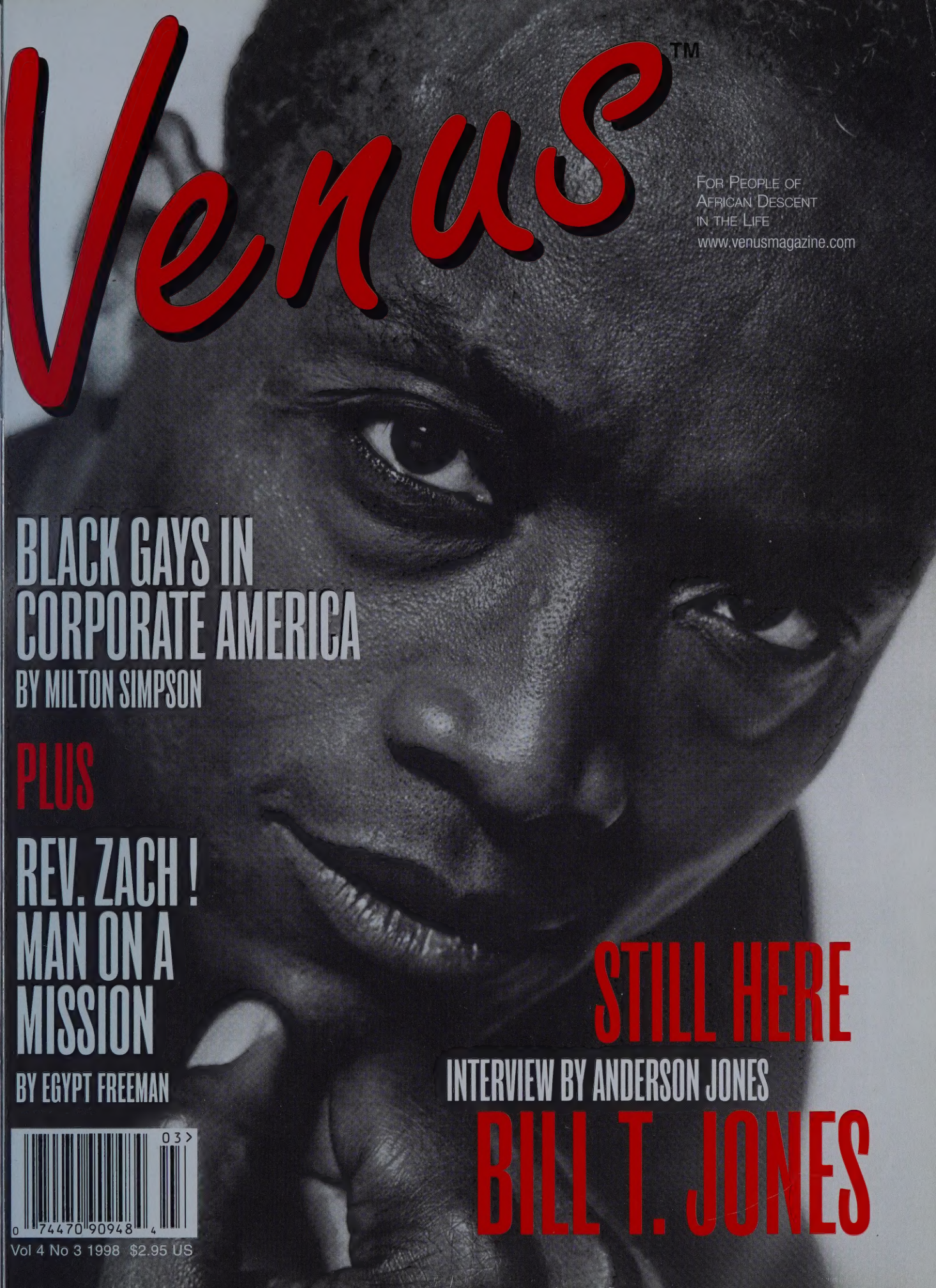

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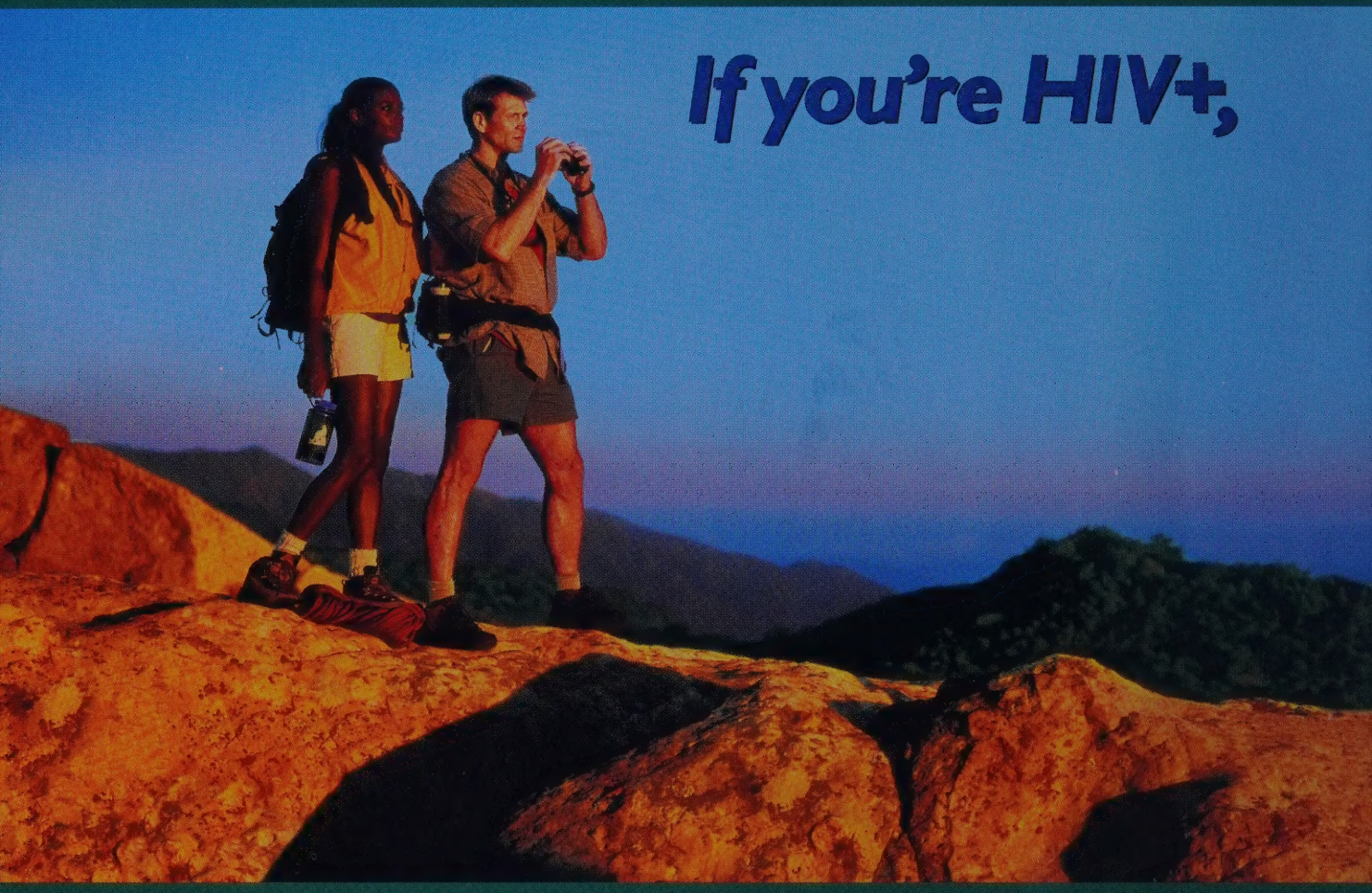


Being HIV+ isn't easy.

It's a daily challenge that can take all you've got. It helps to have an advantage – to lighten your load and keep you going. Federal healthcare guidelines now call for including a potent protease inhibitor as part of combination treatments to fight HIV. Consider these reasons to make the protease inhibitor CRIXIVAN the foundation of your treatment regimen.

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce the chance of illnesses and death associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Some patients may not experience these effects. CRIXIVAN is not a cure for HIV or AIDS.

New NIH research showed people taking CRIXIVAN in triple therapy lived longer and experienced fewer opportunistic infections.

Recent year-long research conducted by the National Institutes of Health (Protocol ACTG 320) studied over 1,000 patients and confirmed results from another study.

The group of patients receiving CRIXIVAN along with 3TC and AZT achieved a reduction in deaths and AIDS-defining illnesses over those taking 3TC and AZT alone. This reduction was significant enough for the NIH to recommend the study be stopped, so that all participants could benefit from the findings. Because the study was ended early, there was insufficient data to determine the statistical impact of CRIXIVAN on survival.

CRIXIVAN in triple therapy continues to hold serum viral load down below the limit of detection at the one year mark.

In a separate, ongoing landmark study, over 90% of the 31 patients receiving CRIXIVAN, AZT, and 3TC reduced their HIV serum viral load below the limit of detection after 24 weeks (as measured by available tests; the virus may still be present in other organ systems).

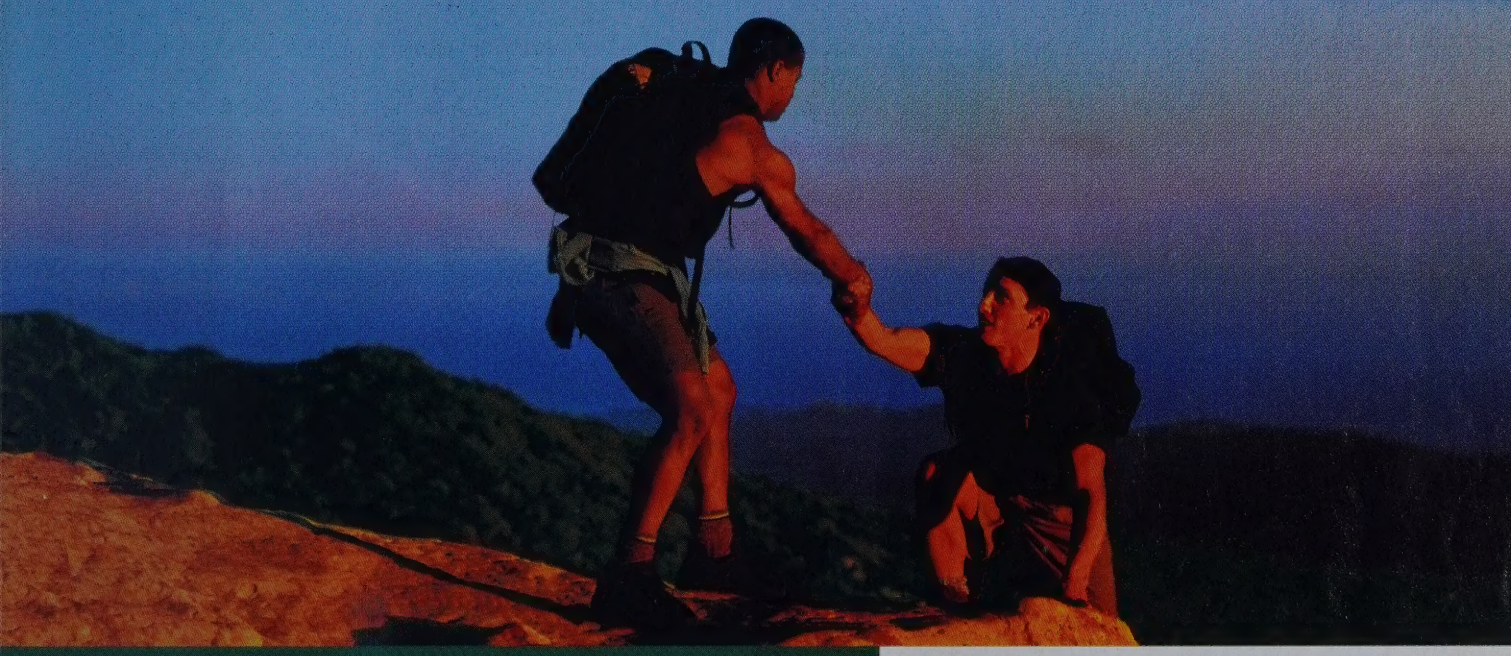
Importantly, the limited number of patients who chose to stay with the study for longer periods of time maintained these results through the one year mark.

CRIXIVAN is generally well tolerated.

CRIXIVAN can be taken with a light meal or on an empty stomach. There are side effects associated with protease inhibitors in general and CRIXIVAN in particular. Some patients treated with CRIXIVAN may develop kidney stones. For some, this can lead to more severe kidney problems including kidney failure. Drinking at least 6 glasses of water each day may help reduce the chance of forming a kidney stone. Other side effects reported include rapid breakdown of red blood cells and liver problems. There are some common medications and AIDS-related medications you should not take with CRIXIVAN. Discuss all medications you are taking or plan to take with your doctor.

As with other protease inhibitors, increased bleeding in some patients with hemophilia and increased blood sugar levels or diabetes have been reported. Please read the following page for detailed information on side effects and dosing.

CRIXIVAN may help you live a longer, healthier life.



CRIXIVAN is the number one choice of doctors.*

CRIXIVAN is prescribed for more patients than any other protease inhibitor. With this commitment to CRIXIVAN comes a commitment to product improvements and further research in the battle against HIV. CRIXIVAN is being studied in a broad range of patients and in many different combinations. Ask your doctor for the latest news and developments.

* IMS America; 3/96 - 2/98.

Focus on the rest of your life.

Learn all you can about HIV therapy. Talk with your doctor. Stay informed and stay the course. With viral load below the limit of detection and an increase in CD4 T-cells, it's easier to look forward to the future with confidence.

Please read the following page for more detailed information about CRIXIVAN.

Remember to ask your doctor about CRIXIVAN.

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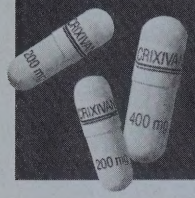

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Patient Information about CRIXIVAN* (KRIK-sih-van)
for HIV (Human Immunodeficiency Virus) Infection
Generic name: indinavir (in-DIH-nuh-veer) sulfate

Please read this information before you start taking CRIXIVAN. Also, you should read the information included with CRIXIVAN each time you receive your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss CRIXIVAN when you start taking your medication and at regular checkups. You should remain under a doctor's care when using CRIXIVAN and should not change or stop treatment without first talking with your doctor.

What is CRIXIVAN?

CRIXIVAN is an oral capsule used for the treatment of HIV (Human Immunodeficiency Virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome). CRIXIVAN is a type of HIV drug called a protease (PRO-tee-ase) inhibitor.

How does CRIXIVAN work?

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce your chances of getting illnesses associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. CRIXIVAN may not have these effects in all patients.

CRIXIVAN is usually prescribed with other anti-HIV drugs such as ZDV (also called AZT), 3TC, ddI, ddC, or d4T. CRIXIVAN works differently from these other anti-HIV drugs. Talk with your doctor about how you should take CRIXIVAN.

CRIXIVAN has been studied in adults. The safety and effectiveness of CRIXIVAN in children and adolescents have not been established.

How should I take CRIXIVAN?

There are six important things you must do to help you benefit from CRIXIVAN:

1. **Take CRIXIVAN capsules every day as prescribed by your doctor.** Continue taking CRIXIVAN unless your doctor tells you to stop. Take the exact amount of CRIXIVAN that your doctor tells you to take, right from the very start. To help make sure you will benefit from CRIXIVAN, you must not skip doses or take "drug holidays." If you don't take CRIXIVAN as prescribed, the activity of CRIXIVAN may be reduced (due to resistance).
2. **Take CRIXIVAN capsules every 8 hours around the clock, *every day.*** It may be easier to remember to take CRIXIVAN if you take it at the same time every day. If you have questions about when to take CRIXIVAN, your doctor or health care provider can help you decide what schedule works for you.
3. **If you miss a dose by more than 2 hours, wait and then take the next dose at the regularly scheduled time.** However, if you miss a dose by less than 2 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of CRIXIVAN at any one time.
4. **Take CRIXIVAN with water.** You can also take CRIXIVAN with other beverages such as skim or non-fat milk, juice, coffee, or tea.
5. **Ideally, take each dose of CRIXIVAN without food but with water at least one hour before or two hours after a meal.** Or you can take CRIXIVAN with a light meal. Examples of light meals include:
   - dry toast with jelly, juice, and coffee (with skim or non-fat milk and sugar if you want)
   - corn flakes with skim or non-fat milk and sugar

   Do not take CRIXIVAN at the same time as any meals that are high in calories, fat, and protein (for example — a bacon and egg breakfast). When taken at the same time as CRIXIVAN, these foods can interfere with CRIXIVAN being absorbed into your bloodstream and may lessen its effect.
6. **It is critical that you drink at least six 8-ounce glasses of liquid (preferably water) throughout the day, every day. CRIXIVAN can cause kidney stones.** Having enough fluids in your body should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Does CRIXIVAN cure HIV or AIDS?

CRIXIVAN is not a cure for HIV or AIDS. People taking CRIXIVAN may still develop infections or other conditions associated with HIV. Because of this, it is very important for you to remain under the care of a doctor. Although CRIXIVAN is not a cure for HIV or AIDS, CRIXIVAN can help reduce your chances of getting illnesses, including death, associated with HIV. CRIXIVAN may not have these effects in all patients.

Does CRIXIVAN reduce the risk of passing HIV to others?

CRIXIVAN has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take CRIXIVAN?

Do not take CRIXIVAN if you have had a serious allergic reaction to CRIXIVAN or any of its components.

What other medical problems or conditions should I discuss with my doctor?

Talk to your doctor if:

- You are pregnant or if you become pregnant while you are taking CRIXIVAN. We do not yet know how CRIXIVAN affects pregnant women or their developing babies.
- You are breast-feeding. You should stop breast-feeding if you are taking CRIXIVAN.

Also talk to your doctor if you have:

- Problems with your liver, especially if you have mild or moderate liver disease caused by cirrhosis.
- Problems with your kidneys.
- Diabetes
- Hemophilia

Tell your doctor about any medicines you are taking or plan to take, including non-prescription medicines.

*Can CRIXIVAN be taken with other medications?***

Drugs you should not take with CRIXIVAN:

SELDANE® (terfenadine)	HISMANAL® (astemizole)
VERSED® (midazolam)	HALCION® (triazolam)
PROPULSID® (cisapride)	Ergot medications (e.g., Wigraine® and Cafergot®)

Taking CRIXIVAN with the above medications could result in serious or life-threatening problems (such as irregular heartbeat or excessive sleepiness).

In addition, you should not take CRIXIVAN with rifampin, known as RIFADIN®, RIFAMATE®, RIFATER®, or RIMACTANE®.

Drugs you can take with CRIXIVAN include:

RETROVIR® (zidovudine, ZDV also called AZT)	BIAXIN® (clarithromycin)
TAGAMET® (cimetidine)	isoniazid (INH)
DIFLUCAN® (fluconazole)	ORTHO-NOVUM 1/35® (oral contraceptive)
EPIVIR™ (lamivudine, 3TC)	ZERIT® (stavudine, d4T)

BACTRIM®/SEPTRA® (trimethoprim/sulfamethoxazole)

VIDEX® (didanosine, ddI) — If you take CRIXIVAN with VIDEX®, take them at least one hour apart.

MYCOBUTIN® (rifabutin) — If you take CRIXIVAN with MYCOBUTIN®, your doctor may adjust both the dose of MYCOBUTIN and the dose of CRIXVAN.

NIZORAL® (ketoconazole) — If you take CRIXIVAN with NIZORAL®, your doctor may adjust the dose of CRIXIVAN.

Talk to your doctor about any medications you are taking.

What are the possible side effects of CRIXIVAN?

Like all prescription drugs, CRIXIVAN can cause side effects. The following is **not** a complete list of side effects reported with CRIXIVAN when taken either alone or with other anti-HIV drugs. Do not rely on this page alone for information about side effects. Your doctor can discuss with you a more complete list of side effects.

Some patients treated with CRIXIVAN developed kidney stones. In some of these patients this led to more severe kidney problems, including kidney failure or inflammation of the kidneys. Drinking at least six 8-ounce glasses of liquid (preferably water) each day should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Some patients treated with CRIXIVAN have had rapid breakdown of red blood cells (hemolytic anemia) which in some cases was severe or resulted in death.

Some patients treated with CRIXIVAN have had liver problems including liver failure and death. Some patients had other illnesses or were taking other drugs. It is uncertain if CRIXIVAN caused these liver problems.

Diabetes and high blood sugar (hyperglycemia) have occurred in patients taking protease inhibitors. In some of these patients, this led to ketoacidosis, a serious condition caused by poorly controlled blood sugar. Some patients had diabetes before starting protease inhibitors, others did not. Some patients required adjustments to their diabetes medication. Others needed new diabetes medication.

In some patients with hemophilia, increased bleeding has been reported.

Clinical Studies

Increases in bilirubin (one laboratory test of liver function) have been reported in approximately 10% of patients. Usually, this finding has not been associated with liver problems. However, on rare occasions, a person may develop yellowing of the skin and/or eyes.

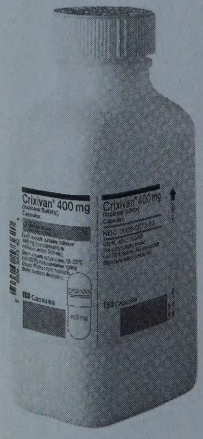
Side effects occurring in 2% or more of patients included: abdominal pain, fatigue or weakness, flank pain, feeling unwell, nausea, diarrhea, vomiting, acid regurgitation, loss of appetite, dry mouth, back pain, headache, trouble sleeping, dizziness, taste changes, rash, upper respiratory infection, dry skin, and sore throat.

Swollen kidneys due to blocked urine flow occurred rarely.

Marketing Experience

Other side effects reported since CRIXIVAN has been marketed include: abdominal swelling; inflammation of the kidneys; increased fat appearing in areas such as the neck, abdomen, and back; change in skin color; severe skin reactions; hair loss; crystals in the urine; and allergic reactions.

Tell your doctor promptly about these or any other unusual symptoms. If the condition persists or worsens, seek medical attention.



How should I store CRIXIVAN capsules?

- Keep CRIXIVAN capsules in the bottle they came in and at room temperature (59°F-86°F).
- Keep CRIXIVAN capsules dry by leaving the small desiccant "pillow" in the bottle. Keep the bottle closed.

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep CRIXIVAN and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.

This provides a summary of information about CRIXIVAN. If you have any questions or concerns about either CRIXIVAN or HIV, talk to your doctor.

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Capsules

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On the Cover: Bill T. Jones
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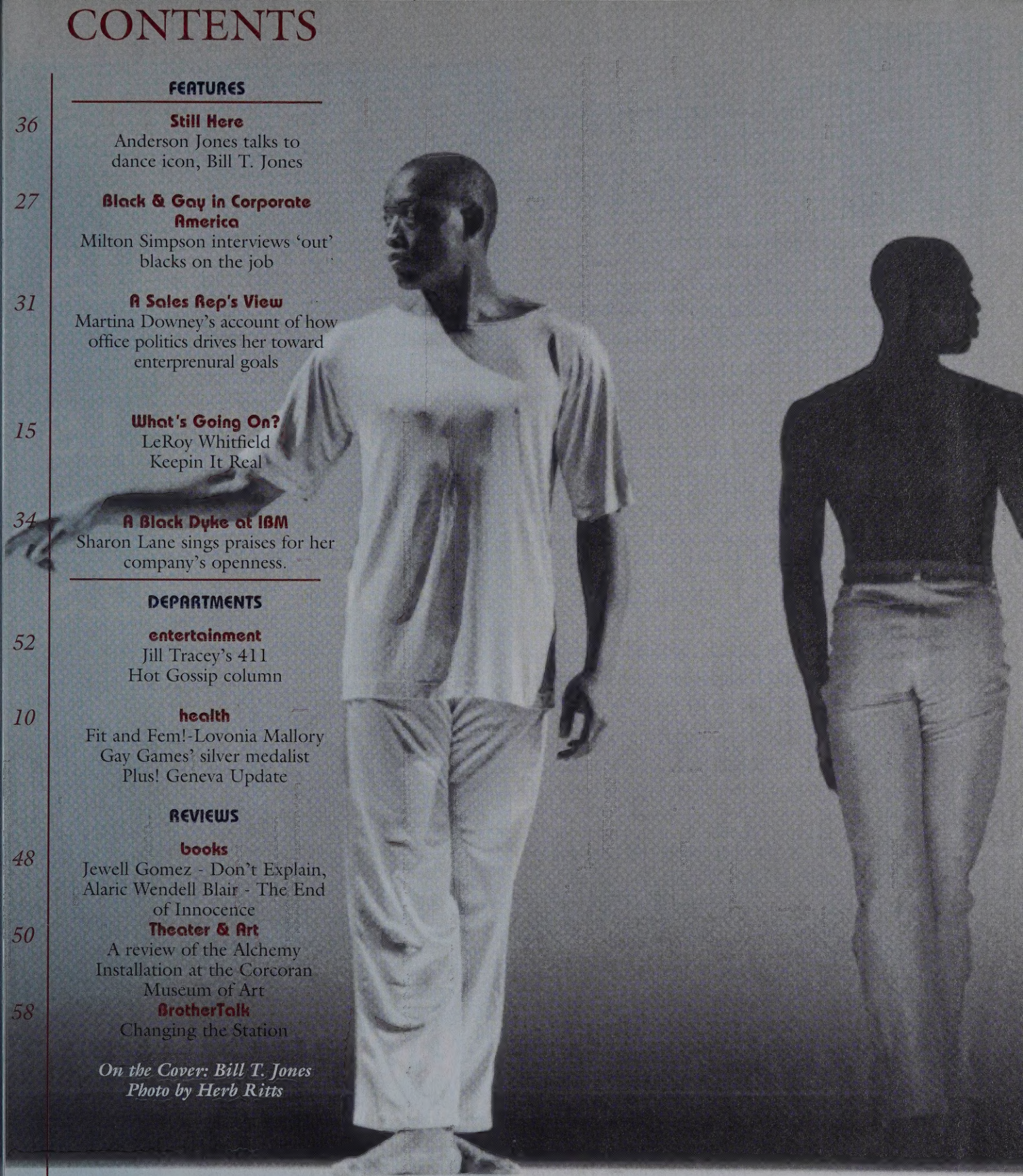

Bill T. Jones/Arnie Zane Dance Company
Photo by Michael Mazzaeo Ballad
Choreography: Bill T. Jones (1996)
Dancers in Photo: Bill T. Jones (left) and Germaul Barnes (right)

letters

Heterosexual Allies

I am an African American Heterosexual Man who works in the African American lesbigaytrans /same gender loving community. I currently manage a program for African American same gender loving men entitled "Black Brothers Esteem" addressing same gender loving men's sexual health and emotional well-being. I would like to see a story on heterosexual allies in the Black community. Some of us have been in the struggle with our gay/same gender loving brothers and sisters for a while and not all of us share Reggie White's sentiments.

Much Love & Success

J. Bey
San Francisco, CA

Bring Back the Queens

I remember when your magazine used to feature a segment in each issue called Portrait Of A Queen. I wondered if you could bring that back. The reason I think it is needed is because Female Impersonation [and transgendered persons] are part of our gay sub-culture and I think it always will be.

J. Harper
Atlanta, GA

More ! More!

I recently purchased a copy of your magazine from a local Barnes and Nobles bookstore. Needless to mention, I was ecstatic that Venus existed. I purchase several lesbian-themed magazines every month. Though I am generally pleased with them, I am always left with a wanting feeling of reading more than the occasional article about lesbian and gay African-Americans. Of course, I did not have this feeling after reading Venus. I just wanted more of the magazine to read! Thank you so very much for such a great publication.

Tawanna-Patrice Mitchell
North Miami Beach, FL

Loved your column!

I recently saw your last issue and want to tell you how much I particualrly appreciate your introduction. [Vol. 4 No. 2, From the Publisher, 'Now Lord'] Your writing is very evocative and in preceding a national extremist advertising campaign that tried to use family and religion to attack lesbians and gay men— your column is especially powerful. Best wishes.

Peg Byron
Public Education Director
Lambda Legal Defense and Education Fund, Inc.
New York, NY

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From the Publisher

It finally occurred to me after 3 years in my corporate sales position back in 1984, that the process of coming out would include whether or not to come out on the job. I really enjoyed my work and got along with my co-workers very well. In fact, most mornings I couldn't wait to put my feet on the floor. However, 3 years after walking in the door, I turned around and walked right back out.

I just got tired of lying.

It was clear to me that I had to alter my career choice mainly because the need for personal freedom became greater than the need to stay in that position. That realization was the catalyst to my move to financial independence. I've been self employed ever since.

Times have certainly changed since then. Not only are black executives out on the job, but they feel the freedom to bring their lovers to company functions, to display photos of them, and to negotiate insurance benefit packages that include their partners.

In this issue you'll meet several highly successful black gay executives who will share their personal experiences and strategies on making it —'Just as I Am'.

Charlene Cothran
Editor/Publisher

Rev. Zach!
MAN ON A MISSION

Interview by Egypt Freeman

"I'm happy, I'm carefree, and I'm gay. I was born this way," goes the song. It's easy to be happy and carefree about being gay while the song is playing or while you're celebrating Stonewall in a crowd of people, but the test comes when the record is scratched and the crowds disperse and you are alone in the shower or in a cold bed. Teaching how to be happy and carefree because you know God loves you just as you are—gay or straight—is the aim of Unity Fellowship.

Since 1985, Unity Fellowship, a black gay religious movement, has spread to cities around the nation including—Los Angeles (founding site), Detroit, Atlanta, Newark N.J., Dallas, Washington, D.C., and New York. Each place houses a church where black gays and lesbians go on Sundays to reaffirm their faith in a God who loves them as they are. This approach to religious philosophy would certainly send Pat Robertson and other traditional religious zealots into shock, but Unity leaders and followers of Unity Fellowship believe that God's love is unconditional, unearned, and available for all.

Roughly two decades ago, white homosexuals found God's favor through the Metropolitan Community Churches (MCC) organized in Los Angeles by Rev. Troy Perry. This movement, while still active today and open to all who are gay or lesbian, did not address the needs of its black constituents not only facing isolation because of their sexual preference, but also because of race.

It wasn't until 1985 that Bishop Carl Bean (most famously known as the recording artist who sings what has become a gay and lesbian national anthem "I Was Born This Way") founded the Unity Fellowship Movement in Los Angeles, giving gay and lesbian African Americans a place to worship that was uniquely rooted in their own traditional religious culture.

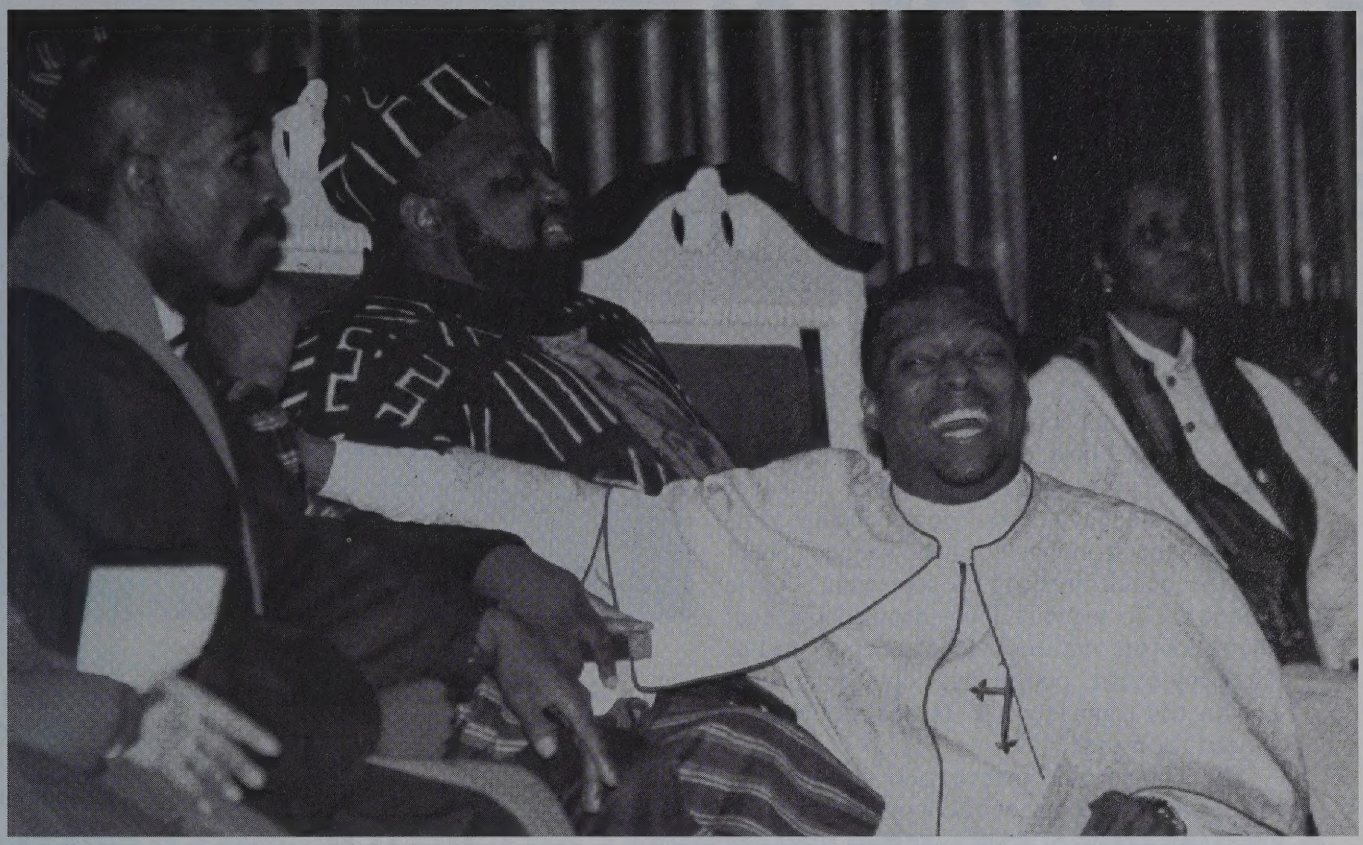
Not too long after Bishop Bean founded Unity Los Angeles, he recruited Rev. Zachary Jones. Rev. Zach, well-versed in new age religious philosophy and the traditional black Pentecostal experience, quickly became active in the church, creating the Sunday school curriculum and the introductory classes all members must attend before they can be baptized.

When visiting black gays from New York City approached Bishop Bean about starting a NYC chapter, Rev. Zach was the prophet ready to go. That was more than seven years ago, and today Unity-New York boasts a weekly attendance between 400-600. Opposite an empty lot and an abandoned building on one side of the street and the well-kept brownstones of Clinton Hill, Brooklyn on the other, Unity Fellowship stands as the place where black lesbians, gays, transsexuals, transvestites, straights and anyone else who dares venture each Sunday afternoon at 3 p.m. to learn of God's love for them.

Here the Rev. Zachary Jones, the articulate and inspirational leader of Unity-New York, speaks about the movement and its followers.

E.F.: Who comes to Unity?

Rev. Zach: The church is open to everyone, but our target audience is lesbians and gays of African American descent. I know for a fact, however, that we have a small percentage of straight people including married couples. I once rode the train with a straight couple who learned about Unity from a gay friend who was visiting from Detroit. They came and found the message to be more appealing than traditional churches. The straights who come are progressive, open-minded people who have gone beyond a traditional way of thinking. We also have elderly people who come. They are the elderly gay or parents of lesbian and gay members.



Rev. Zach, preaching at a special service during the Black Church week of prayer in Washington, D.C. Bishop Carl Beam and Rev. Jacquline Holland are right and left of him perspectively. *photo by Ron Singleton*

E.F. : Are you an ordained minister in the traditional sense?

Rev. Zach: Yes. I completed two years at Camino College in California and went on to study at Palos Verdes Bible Seminary where I graduated in 1981 and then I went to Believer's Bible College where I finished in 1983. I studied traditional theology at those schools where I was taught traditional Protestant teaching. Homosexuality and theology was not dealt with in a positive sense, even though many members of congregations were homosexuals.

E.F.: After Seminary school, did you pastor a traditional church?

Rev. Zach: I was a youth pastor for two years at South Bay Christian Center in Los Angeles. And then I became a youth pastor at West Adams Four Square Church also in South Central L.A. For two years I worked with young adults there.

E.F. : Did you know you were gay then?

Rev. Zach: I knew I was gay from childhood. I had a very gay teenage. I had boyfriends in junior high and around the neighborhood; experienced puppy love—the phone calls that went on and on about nothing.

E.F. : Did your parents know?

Rev. Zach: My parents' knowing and acknowledging came at two different time periods. They probably knew I was gay when I was 12, but they didn't acknowledge it until I was 31. When I was younger, they tried to overlook it by putting me in the Boy Scouts.

E.F. : What sort of problems did being gay create for you growing up?

Rev. Zach: When I was around 16 or 17, I had a girlfriend and a boyfriend. I was really close to my girlfriend's Mom. One night her Mom said to me "You know Zach, you're trying to lead two lives and it just can't work that way." She never explained specifically what she was saying but I left her house knowing that I had to make a decision about my life. This experience gave me a consciousness about how others perceived me. I decided that a commitment to serve God would cure me of my homosexuality, so I attended seminary, married and had a little boy.

E.F.: When did that outlook begin to change?

Rev. Zach: After an on-going struggle, while I was assistant pastoring at West Adams, I told my pastor I was gay. Now this was a strict Pentecostal

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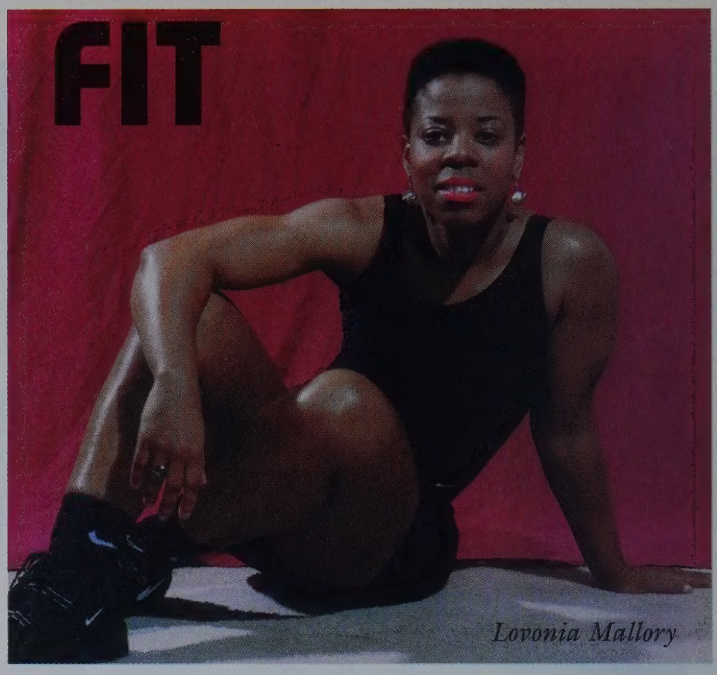
FEM & FIT



Lovonia Mallory

"Business is great!", says fitness consultant Lovonia Mallory of her Albany, New York gym for women called Female Fitness. "It took off really well in the first year. I have served over 200 clients in a 3.5 year period." In fact, many times she's had to run a waiting list due to the overwhelming response. This year Lovonia has added a part-time staff member and she is currently recruiting additional personnel trainers.

It's a good thing too, 'cause girlfriend just returned from Amsterdam with a silver medal in the Gay Games' power lifting competition for women. "It was spectacular!," says the bench pressing entrepreneur. "The Dutch are so warm! They showed the Gay Olympics on national T.V. every evening. After my event, people actually applauded me as I got on the tram [train]! It was like being Michael Jordan for a day!"

The 31 year old fitness expert discovered the market niche 5 years ago while working in another gym when she realized that women there were not encouraged to use the weight room, (even though weight lifting is the best way to tone muscle and improve bone health — two very important health issues for women.)

Lovonia feels that Female Fitness is very different from the larger gyms in that every customer gets a personal trainer to work with them.

"I run small groups by appointment only. As a result women really get a chance to know each other." The groups form a personal bond around a common goal. They encourage each other and most importantly we all get to know each other and care about each other," she says. "It's the missing formula in most of the big gyms. It's that personal touch—if you will —that keeps people coming back."

With a new self-published cook book, "Luscious Living with Lovonia," Mallory says she was inspired by her customer's concerns about not being sure if they would enjoy cooking low fat. She admits, "as an African American from the south I could not see how I was going to live without eating soul food myself. Sprouts and carrots just was not going to get it!" She began to experiment with some family recipes and before she knew it had several delicious recipes to share.

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Geneva AIDS Update

by Steve Wakefield

Switzerland - Dr. David Ho modified his earlier calculations for drug therapy to eradicate HIV virus in the human body from 3 years to 10+ years noting there are many "viral reservoirs" or types of cells that make great hiding places.

Patients with new HIV infection (acute primary infection) had a similar immune response to persons who were long-term nonprogressors when given HAART. HAART, highly active anti-retroviral therapy, is often known as the protease cocktail and usually includes at least three drugs.

New and more tolerable formulations for most therapies are in development. Some drugs which were taken 3 times a day have been reformulated to work with once a day dosing.

Prevention efforts have not reduced the rate of HIV infection for African Americans and other minorities in the U.S. Poverty has kept drug treatments only a remote possibility for three fourths of the world.

Side effects, toxicities, adherence, and resistance continue to present difficult challenges. There was even evidence of human to human transmission of drug resistant virus —implication an HIV+ person could infect another person and none of the known drugs would work.

The good news is that the HIV+ women can consider pregnancy with less risk of mother to infant transmission.

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PUT SOME FREEDOM INTO YOUR HIV MEDICATION SCHEDULE

It takes strong medicines to fight HIV. But your medicines also have to be easy to take. That's why many people now take ZERIT (also known as d4T) as part of their HIV therapy.

Most people tolerate ZERIT quite well, because it has few side effects. You take just one capsule twice a day, with or without food. And you can combine ZERIT with most other medicines you might be taking.

ZERIT is approved for the treatment of HIV-infected persons who have already received prolonged AZT therapy. However, there is no cure for HIV infection. People taking ZERIT may still develop infections or other conditions associated with HIV. Please note that all HIV drugs cause side effects. ZERIT has been shown to cause tingling or pain in the hands or feet in 13% to 24% of people.

Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported rarely with some HIV drugs, including stavudine.

ASK YOUR DOCTOR ABOUT

NOW #1 PRESCRIBED MORE THAN AZT*

ZERIT®

(stavudine) Capsules

ALSO KNOWN AS d4T

Please see brief summary of prescribing information on following page. ©1998, Bristol-Myers Squibb Company, Princeton, NJ 08543, U.S.A. F9-K008 7/98 *IMS, December 1997.

℞ ONLY

ZERIT®(stavudine)

ZERIT® (stavudine) Capsules

ZERIT® (stavudine) for Oral Solution

Brief Summary of Prescribing Information, 5/98. For complete prescribing information, please consult official package circular.

WARNING

LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING STAVUDINE (SEE "WARNINGS" SECTION).

INDICATIONS AND USAGE

ZERIT® (stavudine) is indicated for the treatment of HIV-infected patients who have received prolonged prior zidovudine therapy.

CLINICAL STUDIES

Study AI455-019 was a multi-center, randomized, double-blind trial of ZERIT Capsules vs zidovudine for the treatment of HIV-infected adults with CD4 counts of 50 to 500 cells/mm^3 who had received at least six months prior zidovudine treatment. ZERIT was administered in dosages of 40 mg BID for patients weighing ≥60 kg, and 30 mg BID for those weighing <60 kg. The zidovudine dosage was 200 mg TID.

The study enrolled 822 patients with a median baseline CD4 count of 235 cells/mm^3 (range: 10 to 735 cells/mm^3), and a median duration of prior zidovudine treatment of 88 weeks (range 11 to 356 weeks). Fourteen percent of subjects had AIDS at baseline, 50% had HIV-related symptoms and 36% were asymptomatic.

Table 1 gives the Kaplan-Meier estimates for the time to disease progression.

Table 1
Incidence of Disease Progression

	First AIDS-Defining Event or Death[a]	
	ZERIT	zidovudine
6 months	4.4%	5.7%
12 months	10.4%	14.1%
18 months	18.5%	23.3%
24 months	26.6%	31.8%

[a] Kaplan-Meier estimates; the overall difference between stavudine and zidovudine was not significant.

CONTRAINDICATIONS

ZERIT is contraindicated in patients with clinically significant hypersensitivity to stavudine or to any of the components contained in the formulation.

WARNINGS

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination, including stavudine. A majority of these cases have been in women. Caution should be exercised when administering ZERIT to any patient, and particularly to those with known risk factors for liver disease. Treatment with ZERIT should be discontinued in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or hepatotoxicity.

Peripheral Neuropathy: ZERIT therapy can be associated with severe peripheral neuropathy, which is dose-related and occurs more frequently in patients with advanced HIV infection or who have previously experienced peripheral neuropathy (see Table 2).

PRECAUTIONS

Information for Patients: Patients should be informed that the most common toxicity of ZERIT is peripheral neuropathy. Symptoms of peripheral neuropathy usually include tingling, burning, pain, or numbness in the hands or feet. Patients should be counseled that this toxicity occurs with greater frequency in patients with a history of peripheral neuropathy. They should be advised that these symptoms should be reported to their physicians and that dose changes may be necessary. They should also be cautioned about the use of other medications that may exacerbate peripheral neuropathy.

Caregivers of young children receiving ZERIT therapy should be instructed regarding detection and reporting of peripheral neuropathy.

The duration of clinical benefit from antiretroviral therapy may be limited. Patients should be informed that ZERIT is not a cure for HIV infection, and that they may continue to acquire illnesses associated with HIV infection, including opportunistic infections. Patients should be advised to remain under the care of a physician when using ZERIT. They should be advised that ZERIT therapy has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Patients should be informed that long-term effects of ZERIT are unknown at this time.

Patients should be informed that the Centers for Disease Control and Prevention (CDC) recommend that HIV-infected mothers not nurse newborn infants to reduce the risk of postnatal transmissions of HIV infection.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In 2-year carcinogenicity studies in mice and rats, stavudine was non-carcinogenic at doses which produced exposures (AUC) 39 and 168 times, respectively, human exposure at the recommended clinical dose. Benign and malignant liver tumors in mice and rats and malignant urinary bladder tumors in male rats occurred at levels of exposure, 250 (mice) and 732 (rats) times human exposure at the recommended clinical dose.

Stavudine was not mutagenic in the Ames, *E. coli* reverse mutation, or the CHO/HGPRT mammalian cell forward gene mutation assays, with and without metabolic activation. Stavudine produced positive results in the *in vitro* human lymphocyte clastogenesis and mouse fibroblast assays, and in the *in vivo* mouse micronucleus test. In the *in vitro* assays, stavudine elevated the frequency of chromosome aberrations in human lymphocytes (concentrations of 25 to 250 µg/mL, without metabolic activation) and increased the frequency of transformed foci in mouse fibroblast cells (concentrations of 25 to 2500 µg/mL, with and without metabolic activation). In the *in vivo* micronucleus assay, stavudine was clastogenic in bone marrow cells following oral stavudine administration to mice at dosages of 600 to 2000 mg/kg/day for 3 days.

No evidence of impaired fertility was seen in rats with exposures (based on C_{max}) up to 216 times that observed following a clinical dosage of 1 mg/kg/day.

Pregnancy: Pregnancy "Category C". Reproduction studies have been performed in rats and rabbits with exposures (based on C_{max}) up to 399 and 183 times, respectively, of that seen at a clinical dosage of 1 mg/kg/day and have revealed no evidence of teratogenicity. The incidence in fetuses of a common skeletal variation, unossified or incomplete ossification of sternebra, was increased in rats at 399 times human exposure, while no effect was observed at 216 times human exposure. A slight post-implantation loss was noted at 216 times the human exposure with no effect noted at approximately 135 times the human exposure. An increase in early rat neonatal mortality (birth to 4 days of age) occurred at 399 times the human exposure, while survival of neonates was unaffected at approximately 135 times the human exposure. A study in rats showed that stavudine is transferred to the fetus through the placenta. The concentration in fetal tissue was approximately one-half the concentration in maternal plasma. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, stavudine should be used during pregnancy only if clearly needed.

Antiretroviral Pregnancy Registry: To monitor maternal-fetal outcomes of pregnant women exposed to stavudine and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling (800) 258-4263.

Nursing Mothers: Studies in lactating rats demonstrated that stavudine is excreted in milk. Although it is not known whether stavudine is excreted in human milk, there exists the potential for adverse effects from stavudine in nursing infants. Mothers should be instructed to discontinue nursing if they are receiving stavudine. This is consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV.

Pediatric Use: Use of stavudine in pediatric patients is supported by evidence from adequate and well-controlled studies of stavudine in adults with additional safety data in 115 pediatric patients.

Stavudine pharmacokinetics have been evaluated in 25 HIV-infected pediatric patients ranging in age from 5 weeks to 15 years and in weight from 2 to 43 kg after I.V. or oral administration of single doses and BID regimens (see **"CLINICAL PHARMACOLOGY"** section, Table 1, of official package circular).

ADVERSE REACTIONS

Adults: ZERIT (stavudine) therapy can be associated with severe peripheral neuropathy, which is dose related and occurs more frequently in patients with advanced HIV infection or who have previously experienced peripheral neuropathy (see Table 2).

Table 2
Peripheral Neuropathy Leading to Dose Modification

	Percent (%)			
	Study AI455-019		Parallel Track Program	
	ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)	ZERIT (40 mg BID) (n=5905)	ZERIT (20 mg BID) (n=5879)
Peripheral Neuropathy				
Grade 1-2	11	3	20	17
Grade 3-4	2	1	4	2
Total	13	4	24	19

Patients should be monitored for the development of neuropathy that is usually characterized by numbness, tingling, or pain in the feet or hands. Stavudine-related peripheral neuropathy may resolve if therapy is withdrawn promptly. In some cases, symptoms may worsen temporarily following discontinuation of therapy. If symptoms resolve completely, resumption of treatment may be considered at a reduced dose (see **"DOSAGE AND ADMINISTRATION"** section).

Selected adverse events that occurred in adult patients receiving ZERIT in the Phase 3 controlled comparative trial (Study AI455-019) are provided in Table 3.

Table 3
Selected Clinical Adverse Events in the Phase 3 Controlled Clinical Trial[a]

	Percent (%)	
	Study AI455-019[b]	
Adverse Events	**ZERIT (40 mg BID) (n=412)**	**zidovudine (200 mg TID) (n=402)**
Headache	54	49
Chills/Fever	50	51
Diarrhea	50	43
Rash	40	35
Nausea and Vomiting	38	44
Abdominal Pain	34	27
Myalgia	32	35
Insomnia	29	31
Anorexia	19	22
Allergic Reaction	9	8
Pancreatitis	*	*

* This event was reported in fewer than 1% of patients.
[a] Includes all clinical complaints.
[b] Median duration of stavudine therapy = 79 weeks; median duration of zidovudine therapy = 53 weeks.

Laboratory abnormalities reported in the Phase 3 controlled comparative trial (Study AI455-019) are shown in Table 4.

Table 4
Controlled Clinical Trial:
Incidence of Adult Laboratory Abnormalities[a]

	Percent (%)	
	Study AI455-019[b]	
Lab Tests (units)	**ZERIT (stavudine) (40 mg BID) (n=412)**	**zidovudine (200 mg TID) (n=402)**
AST (SGOT) (>5.0 x ULN[c])	11	10
ALT (SGPT) (>5.0 x ULN)	13	11
Bilirubin (>5.0 x ULN)	2	2
Anemia (<8.0 g/dL)	*	3
Neutropenia (neutrophils <750/mm^3)	5	9
Thrombocytopenia (platelets <50,000/mm^3)	3	3
Amylase (>1.4 x ULN)	14	13

* This abnormality was reported in fewer than 1% of patients.
[a] Data presented for patients for whom laboratory evaluations were performed.
[b] Median duration of stavudine therapy = 79 weeks; mediation duration of zidovudine therapy = 53 weeks.
[c] ULN = upper limit of normal.

Observed During Clinical Practice: The following events have been identified during post-approval use of ZERIT. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to their seriousness, frequency of reporting, causal connection to ZERIT, or a combination of these factors.

Lactic acidosis and hepatic steatosis (see **"WARNINGS"** section), hepatitis and liver failure.

Pediatric Patients: Adverse reactions and serious laboratory abnormalities in pediatric patients were similar in type and frequency to those seen in adult patients.

OVERDOSAGE

Experience with adults treated with 12 to 24 times the recommended daily dosage revealed no acute toxicity. Complications of chronic overdosage include peripheral neuropathy and hepatic toxicity. Stavudine can be removed by hemodialysis; the mean ± SD hemodialysis clearance of stavudine is 120 ± 18 mL/min. Whether stavudine is eliminated by peritoneal dialysis has not been studied.

HOW SUPPLIED

ZERIT® (stavudine) Capsules are available in the following strengths and configurations of plastic bottles with child-resistant closures:

Table 5

Product Strength	Capsule Shell Color	Markings on Capsule (in Black Ink)	Capsules per Bottle	NDC No.
15 mg	Light yellow & dark red	BMS 1964 15	60	0003-1964-01
20 mg	Light brown	BMS 1965 20	60	0003-1965-01
30 mg	Light orange & dark orange	BMS 1966 30	60	0003-1966-01
40 mg	Dark orange	BMS 1967 40	60	0003-1967-01

ZERIT® (stavudine) for Oral Solution is a dye-free, fruit-flavored powder that provides 1 mg of stavudine per mL of solution upon constitution with water. Directions for solution preparation are included on the product label and in the **DOSAGE AND ADMINISTRATION** section of this insert. ZERIT for Oral Solution (**NDC** No. 0003-1968-01) is available in child-resistant containers that provide 200 mL of solution after constitution with water.

US Patent No.: 4,978,655

Storage: ZERIT Capsules should be stored in tightly closed containers at controlled room temperature, 59° to 86°F (15° to 30°C).

ZERIT for Oral Solution should be protected from excessive moisture and stored in tightly closed containers at controlled room temperature, 59° to 86°F (15° to 30°C). After constitution, store tightly closed containers of ZERIT for Oral Solution in a refrigerator, 36° to 46°F (2° to 8°C). Discard any unused portion after 30 days.

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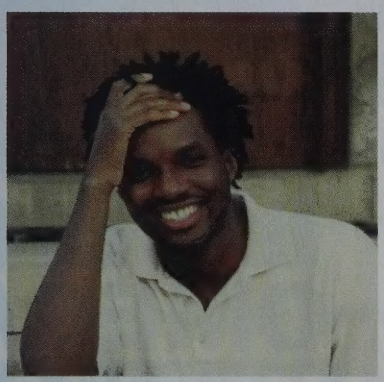
Bristol-Myers Squibb Company
Princeton, NJ 08543
U.S.A.

What's Goin' On?

By LeRoy Whitfield

I just got off the horn with my brother. We talk a lot on the phone. It's a funny thing that we communicate more now than when we were roommates acoupla years back. I usta never see his ass, now I can't get rid of him. He calls from work, home, and even his car. Just to chi-chat. Tells me about some new piece he met. Tells me why he's dumping his old piece. Tells me about some b*tch at his office. Tells me why he's gonna quit working there soon. He's funny.



We were having a conversation (as we so often do) about our sister and her choices. We talk about her choices in men, jobs ... all a that. We yak like we're her parents; snubbing what we perceive to be her ill choices, complimenting those we think are wise. It's a brother thing. We lend our protection and advice to her-even when it's clearly unneeded.

My baby sister has become an attractive, intelligent woman. Most times I respect her choices, even those I don't agree with. But a few days ago, she informed me that she'd met some Brotha, had sex, and now had missed her period. (She tells me this often.) "Okay," I replied nonchalantly,

"Whatever." She didn't understand my unexcited response. This sh*t was supposed to be dramatic. She broke it down; repeated it as if I was an idiot. "O-K," I said again, "What's the problem?"

Then she snapped the f*ck off.

I COULD BE PREGNANT!! But of course she wasn't pregnant, I assured her. Because, if she was, it would come as no surprise. It would've indeed been planned. Hearing my sob story time and again, about how I got caught up by HIV several years ago, must have made an impression. Hence, I assumed, not only does she have protected sex, but she insists on it. Every MOTHAF*CKIN' time. So, you see, she couldn't be pregnant-or even think that she was-without being aware of the father's HIV status and conceding to her pregnancy.

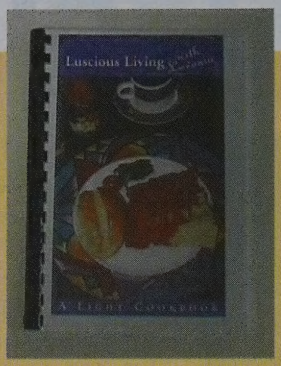
This of course was not the case, which I didn't understand at all. Instead, it was a likely story. She didn't insist that the brotha wear a condom. Now she's shook 'cause she thinks she might be pregnant. "WHAT THA F*CK?!!" (Now I was snapping the f*ck off). "What is this BUBBLE-GUM, After School Special 'Think-I'm-gonna-have-a-baby' romanticized BULLSH*T??!!" She was worried about being PREGNANT! (Baby girl, they have a CURE for pregnancy, its called ABORTION. What about HIV?!!)

At this point I was thoroughly confused. What would make my sister chance becoming another black woman with HIV; joining the fastest-growing segment among African Americans? A recent study showed that African American women had higher infection rates of HIV infection than whites or Latinas; One in 3,000 whites are currently infected as compared to one 400

continues on page 42

continued from page 10

Her advice for obese women who have lost hope of ever getting 'fit' again? "There's not just one simple answer. Changing your body is really about changing your life. We have a health screening process for our customers, that includes a medical clearance by your primary physician to rule out any serious medical conditions and possible physical causes for the obesity. Once you are cleared we start immediately working on life style change."



5 Steps to Fitness

1. Eating low fat and cooking low fat.
2. Changing your relationship with food. [For example not using food as a form of recreation — dinner party, all you can eat buffet]
3. Working out at least 3 times a week
4. Developing a journal both to track your progress, your set backs and how you are handling life as a whole.
5. Finally, but most importantly taking care of your spirit and mind at least once a day — meditate, pray, read a book by a successful person who has overcome overwhelming odds.

Do what ever it takes to stay positive and motivated during your ongoing journey to fitness. Staying fit requires changes in all areas of your life.

To order her cook book, "Luscious Living with Lovonia, visit www.phemfit.com or call 518- 449-7071.

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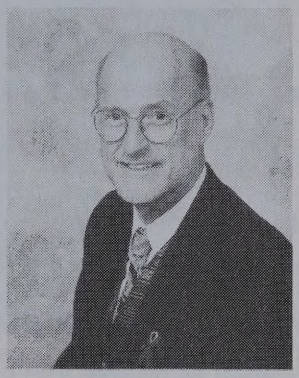

Peter Uitdenbosch, a PWA
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a Florida based company

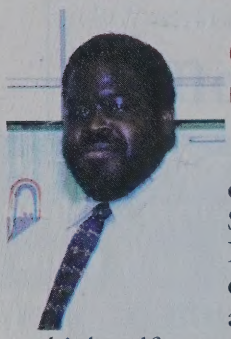
What are the benefits of being out at work in Corporate America?

Compiled by Robert Schultz
Photography by Isreal Wright

PJ Lewis

"You can be yourself. I don't have to put on one hat here and one hat when I get over there," responded PJ Lewis, National Sales Manager for CBS radio-Chicago calling during a break from business meetings in Detroit.

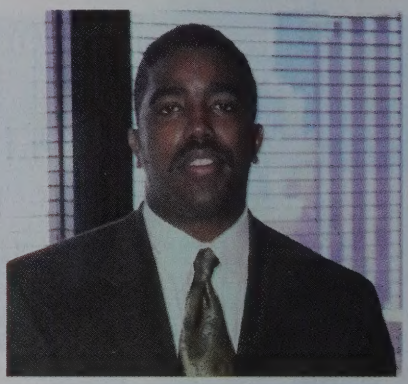
Shelton Watson



"I believe that the emphasis in corporate America is on being productive and getting the job done," said Shelton Watson, Technical Support Analyst with Nuveen Company. "They respect me for the knowledge and the insight I bring to my job. The fact that I am gay doesn't change that fact. I present an image of high self-esteem, personal pride, and self respect. I treat other co-workers with respect, and expect the same from them. If you act as if you should be ashamed of who you are; you give people license to treat you as if you should be ashamed of who and what you are and I refuse to give anyone that much control over my life."

Michael Pleasants

"The biggest thing is not having to hide my relationship by coming up with various stories or using non-sexual identifying pronouns. I've been with my partner for six and a half years (longer than many of my straight colleagues have been married). I very much like the fact that people at work realize I take my relationship with him as seriously as they take their marriages," explained Michael Pleasants, Assistant Vice-President with DKB Bank. "Because I am out, and validate my relationship, instead of hiding it, my co-workers also validate my relationship."



Gene Stephens Connolly

Sixteen floors above Chicago's Loop Gene Stephens Connolly's desk prominently features the wedding picture of her partner and herself in the place where co-workers have pictures of their spouses. Being out for Gene means, "You don't have to explain what you did over the weekend. When you can mention your partner's name it gives you a certain freedom." Gene is a Trust Officer at LaSalle National Bank and is a board member of the Banker's Association for Gay and Lesbian Equality (BAGLE). BAGLE sponsors workshops to help individuals learn how to organize corporate recognized gay and lesbian groups. "It helps to have a positive corporate environment and a strong diversity statement," declared Gene. "I've been very fortunate," she says. When Gene goes to her bank's social events she brings her married spouse of two years, a woman.

Gary Rice

At Smed International the CEO has set a progressive corporate culture, reports Gary Rice who is in Senior Sales. "The CEO had a trusted advisor who was gay," relates Gary. "There are a number of people who are gay and lesbian in the corporation."

"The biggest benefit is just the open communication," Gary continued. "I'm totally comfortable being out." It's an issue of personal integrity for Gary, "if you can't be honest with people you work with, who can you be honest with?"

Gloria Woods

Managing diversity has become one of the hot topics in corporate America as the racial demographics of the country change and corporations acknowledge the existence of a gay and lesbian market. For Gloria Woods, an Amoco Diversity Consultant, the nature of her job is such that, "it causes me to want to be out." But she's not out to everyone. However when she has come out, "it's been a benefit for me personally and it makes me more whole, more free. I have a sense of comfort, of self and get more freedom to build better relationships" on the job. In her work Gloria has noticed that when people come out to their co-workers during diversity discussions the whole conversation shifts and becomes "more meaningful".

CONGRATS!

Donna Payne selected as Board Liaison for the Human Rights Campaign in Washington, D.C.

Donna's responsibilities include providing support and working closely with the HRC Board Co-Chairs and the full Board of 120 members. She also serves as liaison for all communications between the Executive Director, the board and the local staff. Prior to working with HRC, the 35 year old Bowie, MD resident was the Assistant Director of Membership for the American Academy of Otolaryngology - Head and Neck Surgery. Donna's professional experience includes working as a liaison between ENT doctors and the Board and developing membership for their organizations.

Ms. Payne holds a BA degree in Political Science from the University of Tennessee, Knoxville and believes in standing for who you are. "Know, that you know, that you know, that you know you have every right to be who you are and that you are loved by God."

James McKissic named Business Information Specialist

James H. McKissic was recently named Business Information Specialist at The Bridgeport Economic Resource Center in Bridgeport, CT. In his new position, James provides guidance and information to individuals and established businesses in the Bridgeport area. In addition to creating and ordering resources for the business information library used by the staff and clients, James also maintains an extensive real estate data base and distributes information on real estate properties, collaborates with realtors, clients and computer technicians to meet client needs.

The recent Atlanta transplant holds a BS in English and Language Arts from the University of Tennessee at Chattanooga. He is currently pursuing an MPA in Public Policy and Non-profit Management from New York University.

Welcome to the changing face of AIDS.

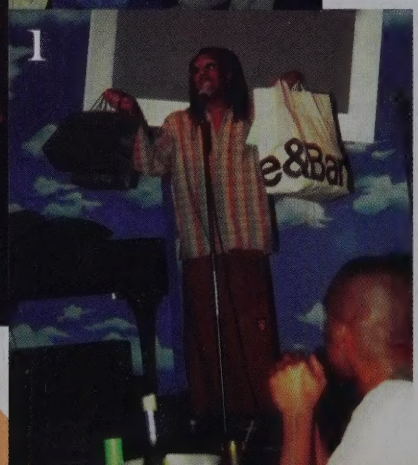
8 out of 10 women and children contracting the AIDS virus are people of color.

AIDS Programs of the National Minority AIDS Council are teamed with thousands of service providers across the country to provide better care for people in your community infected and affected by the HIV/AIDS epidemic.

Support the AIDS Programs of the National Minority AIDS Council during your United Way/CFC workplace giving drive.

AIDS Programs of the **National Minority AIDS Council** 202.483.6622

In The Mix



1. Shop til you Drop!

According to The PAC's Mark Fowler shopping 5th Ave. is the best way to chase the blues away!

2. Miami's Finest!

Entertainment writer and radio personality Jill Tracy (2nd from left) poses with her mother [who could easily host her own talk show] and members of Miami's actor's guild at the Marlin Hotel's 5th anniversary party.

3. Women's Night

Verna Eggleston, executive director of Hetrick-Martin Institute, Urvashi Vaid of the National Gay & Lesbian Task Force, and comedian Kate Clinton teamed up to raise funds and celebrate the creativity of young women at the Harvey Milk School, New York City.

ASK MARIAN

Dear Marian,

I am terribly uncomfortable meeting new people. I cannot strike up a conversation with an attractive woman that I might see across a crowded room unless we are introduced to each other. This may not seem to be a problem but it can be. What usually happens is a more aggressive woman will come up to me talk to me and eventually get my phone number. How can I turn the tables?

Signed - The chosen one.

Dear Chosen One,

As lesbians and bisexual women, we have never been taught how to strike up a conversation with a woman based on attraction. This is a social skill we have to learn ourselves. It starts with affirming ourselves and focusing on our own positive qualities.

We may fear being rejected, or coming on the wrong way. What are your expectations of a conversation? The heavier they are, the more stress you will feel about approaching a woman. Focus on introducing yourself and finding some common ground. If there is a real connection, then you can both pursue it. If there isn't, you have met an attractive woman and can come away feeling good about yourself.

BOOKS TO BUY

Easing the Ache: Men Recovering from Compulsive Behaviors by Guy Kettelhack Hazelden Publishing, 1998

Kettelhack becomes a "journalistic sponge" when talking to recovering gay men who answer such questions as "why is nearly one in three gay men suffering from alcoholism and drug abuse, having unsafe sex, and partying to the point of burn out and death?" A recovering alcoholic himself, Kettelhack explores these realms of experience, feeling and behavior. He suggests that gay men battle fierce internal demons in their attempts to live satisfying lives, but insists that "Hell has an exit!"

Fodor's Gay Guide to the USA 2nd Edition by Andrew Collins Fodor's Travel Publications, 1998

With down-to-earth conversational language, Fodor's Gay Guide to the USA provides the lowdown on the uptown, the downtown, and all around. The guide makes it a snap to find all of the best—and gayest —places to shop, eat, party, and sleep in all of the 62 destinations covered [although it's written with white gays in mind.] Author, Andrew Collins, lives in rural Washington, New Hampshire and writes a syndicated travel column that has appeared in more than 20 lesbian and gay newspapers and magazines. Virtually always on the move, Collins does understand the gay traveler.

Paris Noir African Americans i the City of Light by Tyler Stovall Houston Mifflin, 1998

America's fascination with expatriate life in Paris will reignited with the paperback publication of Tyler Stovall's breakthrough study Paris Noir: African Americans in the City of Light. Stovall, a historian of French and African American culture at the University of CA at Santa Cruz, has drawn an intimate portrait of the thriving community of African American artists and intellectuals living in Paris, and the dynamic and influential culture they created. Black Americans found a place where they could escape the racial oppression of the United States. In France, "most African Americans shared the surprising realization that whites could treat them with affection and respect," Stovall writes, "that a color blind society just might be possible after all."

Recognizing Ourselves: Ceremonies of Lesbian and Gay Commitment by Ellen Lewin Columbia University Press, 1998

Ellen Lewin, who has consecrated her own lesbian relationship with a commitment ceremony, explores the myriad ways in which lesbians and gay ment create meaningful ceremonies for themselves. The ceremonies she describes range from traditional church weddings to Wiccan rituals in the countryside, with portraits of the planning, the joys, and the anxieties that led up to the wedding. Through detailed profiles, Lewin provides an intimate account of lesbian and gay weddings in America, from Bob and Mark, a leather fetishist coupe who sanctified their love by legally changing their last names and exchanging vows in tuxedos, leather bow ties, and knee-high police boots, to Khadiji and Shulamith, two women who struggle to reconcile their widely disparate upbringings and ultimately combined elements of African and Jewish traditions in their wedding.

Continued from page 9

church. My pastor's wife was very supportive and so was my pastor to a lesser degree, but the wife dealt with me as a demonic instrument. She described my homosexuality as an internal battle between Satan and God, a battle I would have to fight to overcome. My wife knew of my battle and was also very supportive.

Throughout this time period I thought my marriage would fix me. Then I thought that buying a home and parenting my little boy would fix the marriage. I thought that disassociating myself from men who were gay would cure me. Fasting, praying, studying other faiths, drowning myself in work—nothing worked, so I became very discouraged. And when it got out that I was gay, I felt very stigmatized. People were no longer supportive of me and my work with the youth.

E.F.: When did the breaking-point come?

Rev. Zach: In 1984, I decided I was unhappy in my marriage; unhappy at church. I decided to leave because I was losing the ability to live monogamously with my wife. Coupled with guilt and shame, it became very overwhelming. I felt I needed to make a choice, so I left; packed up the car and I left.

E.F. : Where did you go?

Rev. Zach: I moved to Inglewood (area in Los Angeles) and from 1984-1987, I disassociated myself from the church. I partied, clubbed, screwed around—lived the fast life.

E.F.: What happened in 1987?

Rev. Zach: I met a young man, he and I were dating, and he said to me I would like you to come to church with me, and I thought here we go again. And it was Unity Fellowship. It was very small, at most 50 people. I had a nice experience, but I thought for sure I wouldn't return, but I started coming regularly. One Sunday, as I was going to shake Bishop Bean's hand. He looked at me and said 'You're going to play a major role in this church.' I thought he had missed it because he didn't really know anything about me.

E.F.: How did you get involved from there?

Rev. Zach: I was at first reluctant to get involved because in group settings gay folks are not usually there for the business at hand but for other reasons like cruising, gossiping, etc. But after he [Bishop Bean] said that I couldn't shake it. Later I told him about my experience and education, and I said whatever help he needed I would be there. Shortly after that, I put together the curriculum for Sunday school entailing a lot of metaphysical stuff to train the membership.

E.F.: You say that love is the basis of Jesus' teachings. How does knowing that make religion more applicable to daily living?

Rev. Zach: People need to know how to live today. We need principles to apply in our lives that will challenge us to become more appreciative of our lives and talents and to answer the question "Why am I here?" The ability to make a practical application of religion to our lives comes from understanding that God is one with each of us and that we are deserving of love. If we are deserving of love, then that makes us lovable. If I really believe I am lovable, then why would I not love myself? People who are aware of the power of love in their lives can do amazing things.

E.F.: And this love is available for everyone?

Rev. Zach: God's love is pretty much out there for everyone in a very unconditional way. It is unearned, unconditional, it just is. It's always existing. The fact that it is unconditional puts it in a capsule for everyone.

E.F.: What attracts so many black gays and lesbians to service on Sunday?

Rev. Zach: We offer a practical ministry that fills a void. It's something the community has longed for. People feel connected to something—that they are not outcasts from religion.

*The interview is interrupted as he answers a phone call. Yet another member of the congregation has succumbed to AIDS.

E.F.: Death is something I've noticed Unity is forced to deal with on a regular basis. Each of the Sundays I've been here to observe service, I've heard someone announce yet another brother or sister had passed.

Rev. Zach: We provide spiritual support for people living with AIDS, bury those who have made transition [died], and provide support for those who are HIV+. And of course as the epidemic grows it touches our lives more and more. We do our best to minister to those who are ill and to give everyone a second family when very often their real family is not as supportive.

And with that message, Unity Fellowship continues to grow, providing a shoulder for gay black men and women to cry on, to lean on, and to stand on as children of a greater God who loves us all.

AFRICAN AMERICANS TAKING CHARGE

Updates from the 12th World AIDS Conference

What you don't know about AIDS can hurt you.
What you do know can save your life.

Join community organizations and expert African American physicians and treatment advocates for a free town hall meeting and AIDS update.

To Learn:

- Where to get the latest information;
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- How to access services;
- How to get the best available treatment.

Lunch or a light dinner will be served and child care will be made available.

To Register:

Call toll free 1-877-964-7820 (noon to 8 pm Eastern Standard Time).

Baltimore, Maryland	October 12, 1998
Detroit, Michigan	October 23, 1998
Atlanta, Georgia	October 24, 1998

Register today, Space is limited!

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Men of Color Against AIDS (MOCAA)
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Black Educational AIDS Project (BEAP)
Baltimore City Health Department
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Detroit:

The Community Health Awareness Group
The Detroit Health Department
Men of Color Motivational Group
Simon House
Full Truth Unity Fellowship Church
Neighborhood Service Organization
Health Emergency Lifelines Programs (HELP)
Latino Family Services

Atlanta:

AID Atlanta (The Learn to Love, Learn to Live program and the Deeper Love Project)
AIDS Education and Services for Minorities
The AIDS Survival Project
Georgia State University
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longer or reduce the number of infections or other illnesses that can occur with HIV. Some common medications and some HIV related medications should not be taken with VIRACEPT. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, and with increased bleeding in patients with hemophilia. Ask your doctor. For more information, call toll free **1-888-VIRACEPT** or visit **www.agouron.com**. (Refer to the important information on the next page.)

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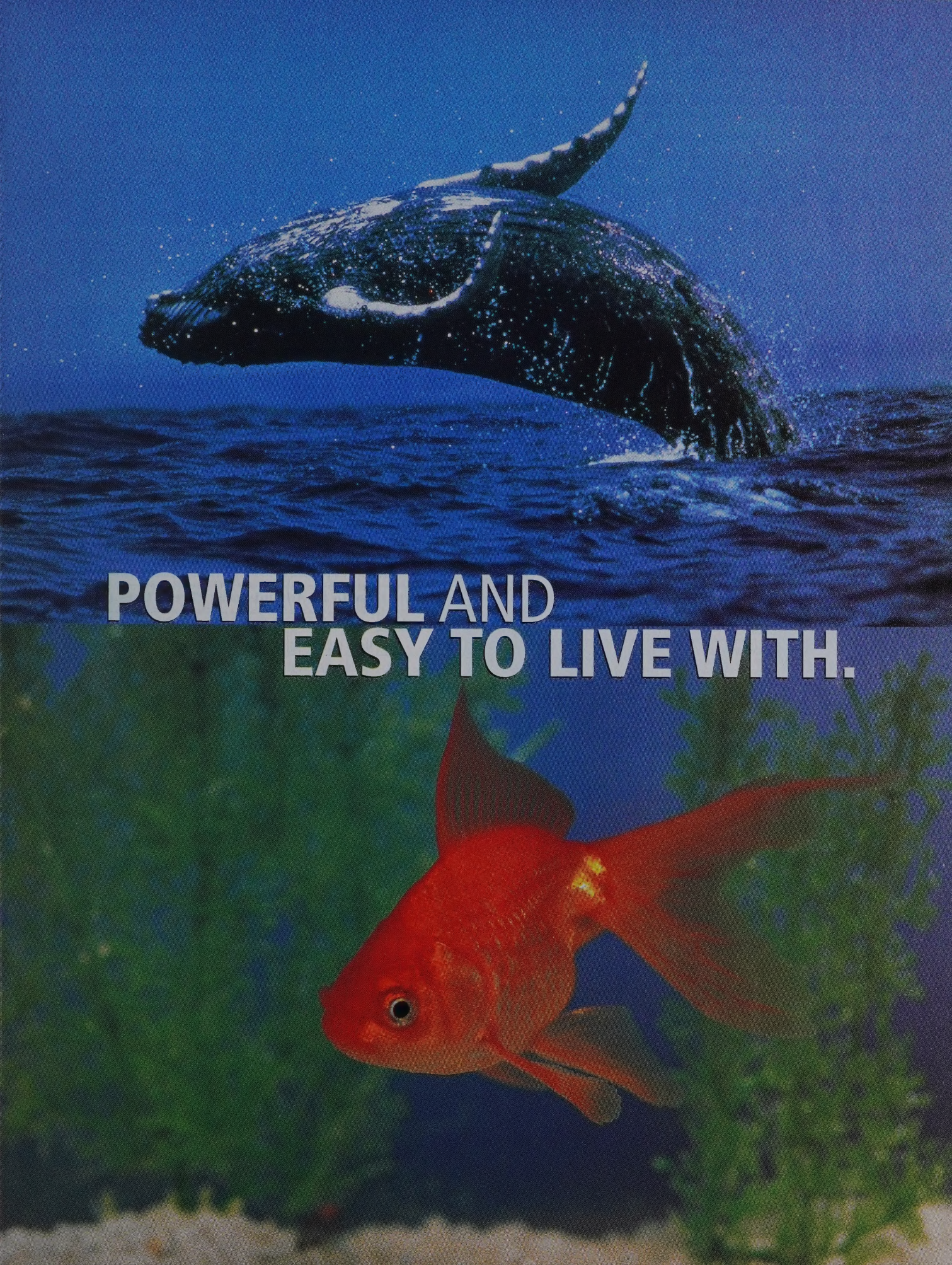
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EASY TO LIVE WITH.

VIRACEPT®
nelfinavir mesylate

Information for Patients About VIRACEPT® (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. You should be aware, however, that the effect of VIRACEPT on HIV in the blood has not been correlated with long-term health benefits. Patients who took VIRACEPT also had significant increases in their CD4 cell count.

VIRACEPT is usually taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. The long-term effects of VIRACEPT are not known at this time. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

It is not known whether VIRACEPT will help you live longer or reduce the number of infections or other illnesses that may occur.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Drugs you should not take with VIRACEPT:
- Seldane® (terfenadine, for allergies)
- Hismanal® (astemizole, for allergies)
- Propulsid® (cisapride, for heartburn)
- Cordarone® (amiodarone, for irregular heartbeat)
- Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others
- Ergot derivatives (Cafergot® and others, for migraine headache)
- Halcion® (triazolam)
- Versed® (midazolam)

  Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.
- Rifampin (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®

  This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with:

Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:
- Phenobarbital
- Phenytoin (Dilantin® and others)
- Carbamazepine (Tegretol® and others)

  These agents may reduce the amount of VIRACEPT in your blood and make it less effective.
- Oral contraceptives ("the pill")

  If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:
- Retrovir (zidovudine, AZT)
- Epivir (lamivudine, 3TC)
- Zerit (stavudine, d4T)
- Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT: Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:
- Viramune® (nevirapine)

  The amount of VIRACEPT in your blood may be reduced. Studies are now taking place to learn about the safety of combining VIRACEPT with Viramune.
- Other NNRTIs

  VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:
- Crixivan® (indinavir)

  The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Norvir™ (ritonavir)

  The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Invirase® (saquinavir)

  The amount of saquinavir in your blood may be increased. If used in combination with saquinavir hard gelatin capsules at 600 mg three times daily, no dose adjustments are needed. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include abdominal pain, asthenia, nausea, flatulence, and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. The light blue VIRACEPT Tablets should be taken three times a day. VIRACEPT should always be taken with a meal or a light snack. You do **not** have to take VIRACEPT exactly every 8 hours. Instead, you can take it at normal times when you are eating.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 through 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight Kg	Body Weight Lb	Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
7 to < 8.5	15.5 to <18.5	4	1	-
8.5 to <10.5	18.5 to <23	5	1¼	-
10.5 to <12	23 to <26.5	6	1½	-
12 to <14	26.5 to <31	7	1¾	-
14 to <16	31 to <35	8	2	-
16 to <18	35 to <39.5	9	2¼	-
18 to <23	39.5 to <50.5	10	2½	2
≥23	≥50.5	15	3¾	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

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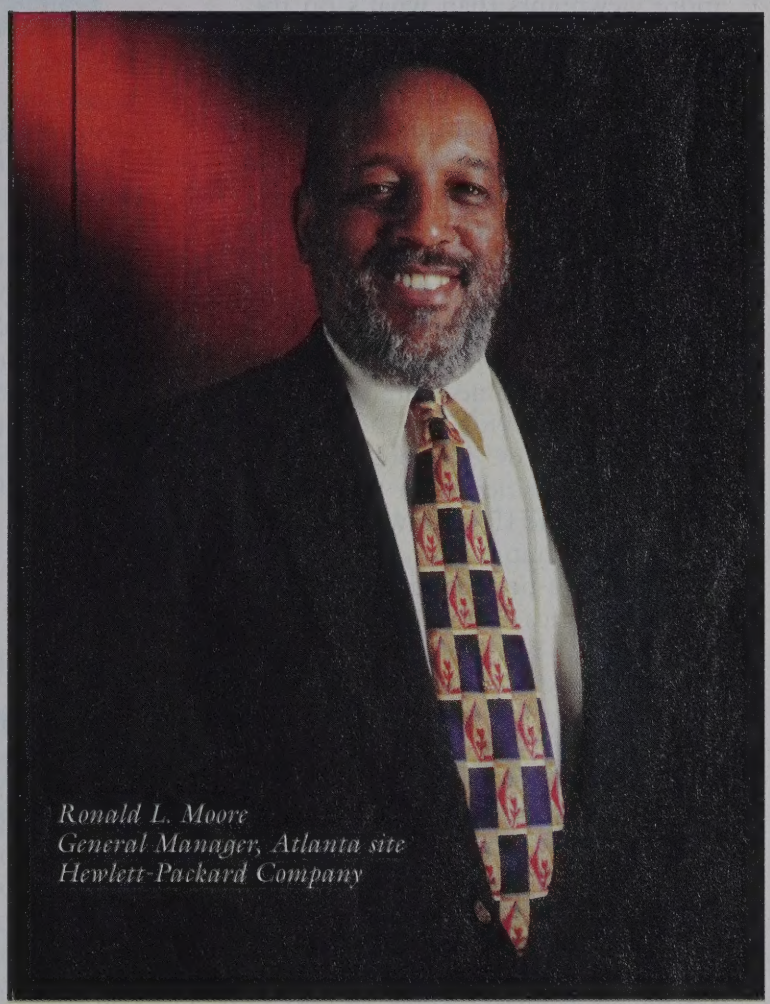
BLACK & GAY IN CORPORATE AMERICA

by Milton Simpson

Today, African-American corporate executives struggle with issues of inequitable pay, dead-end job assignments, and historical exclusion from "The Men's Club." For gay and lesbian executives, these issues are magnified. According to research conducted by Forward Communications, a national consulting firm, there is not one openly gay African-American chief executive officer of a Fortune 500 company. The Fortune 500 Directory lists the country's 500 largest public corporations ranked by annual revenues; automaker General Motors tops the list at $178 billion. Less than five percent of Fortune 500 companies (most notably, American Express, Kraft Foods and Xerox) have senior African-American executives in key, leadership roles. Compounded with this black reality is the unmistakable invisibility of openly gay executives in top-floor, corporate suites. The Black List, an informative compilation of African-American gay and lesbian leaders, offers the names of famous entertainers, politicians, lawyers, preachers, doctors and philosophers. The List, which profiles several hundred individuals, does not include one Fortune 500 executive.



Ronald L. Moore
General Manager, Atlanta site
Hewlett-Packard Company

"To my knowledge, we don't have any openly gay or lesbian members," notes a spokesperson for the Executive Leadership Council, the New York-based networking organization. The Executive Leadership Council counts as its members the highest-ranking African-Americans at major public corporations, such as Coca-Cola, General Electric, Kaiser Healthplans and Northwest Airlines.

In preparing this article, I interviewed several African-American gay and lesbian executives at Fortune 500 companies. They told me repeatedly, "This is a fascinating subject, 'Black and Gay in Corporate America.' I want to participate, but I don't want my name used. I have to look out for my career."

For Ronald L. Moore, the highest-ranking, openly gay or lesbian African-American at a Fortune 500 company, the decision was simple.

"When I moved to Atlanta, I decided to come out professionally. Some colleagues knew I was gay,

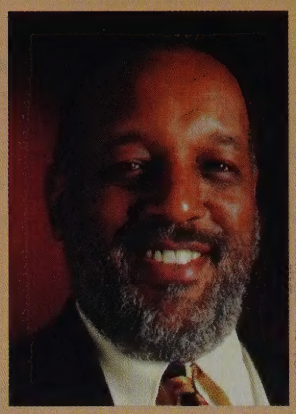
and I wanted to take the power away from any potential critics," asserts Moore, general manager of Hewlett Packard's Atlanta Site. In his capacity, Moore oversees 3,000 HP employees and is responsible for the $42-billion computer and office equipment manufacturer's Atlanta transactions center.

"As a gay, African-American executive, I can empathize with people. I can see things from another perspective. I understand that there are more viewpoints than what's on the table." Moore joined Hewlett Packard in 1979 as a personnel representative in California. Three years later, he assumed responsibility for HP's human resources needs in Kansas City, Missouri; Bloomington, Indiana; and Wichita, Kansas. In 1986, Moore moved to Paramus, New Jersey, where he served as area personnel manager for the northern New Jersey sales offices, and a few years later HP named him field personnel manager for the New York Area sales offices. Moore accepted his current position after working a year as head of HP's Midwest Central personnel operations.

"The key aspect of success in corporate America is that you have to have a plan. You have to be able to analyze your career forwards and backwards, outlining a strategy for what kinds of responsibility you want to undertake and what kind of impact you want to have with your particular company. For black employees, you have to be willing to work with and trust your non-black colleagues to succeed."

Moore's successful career has led him to appointments on several boards of directors, including the influential Atlanta Chamber of Commerce, Southwest Medical Center, and the YMCA of Metro Atlanta. The first person in his family to graduate from college, Moore earned a bachelor's and two master's degrees from Michigan State University.

"There is a clear glass ceiling for both African-American and gay executives in corporate America. I'm currently devoting more time to personal goals," adds the 44-year-old bachelor. A recent trip to Goree Island, Senegal, had a life-altering impact on Moore. "I realized that our ancestors, the ones who made it to the States, didn't jump off the boats. They stuck it out, and because of their determination, it paved the way for future generations."



Ronald joined Hewlett-Packard in 1979 as personnel representative in the data terminals division, Sunnyvale, CA. He made several moves within the company taking him to Kansas City, Missouri, Paramus, NJ, and New York. As general manager of HP's Atlanta site, a position he assumed in 1994, Ronald reports to the vice president and general manager of American Geographic Operations.

He currently sits on the board of directors for the Dekalb Chambers of Commerce, the Atlanta Chamber of Commerce, Southwest Medical Center, the YMCA of Metro Atlanta, Project Open Hand and the Atlanta Executive Network.

Ronald received a bachelor's degree in communications and master's degree in urban counceling and labor and industrial relations from Michigan State University. In his leisure time, he enjoys reading, tennis, theater and travel. He is also an active member of Saint Mark United Methodist Church.

Rodney Gooden, a senior project manager at R.R. Donnelly, the international publishing conglomerate, is part of a new generation of gay African-American executives. "When Donnelly recruited me, they invited my partner and me to visit Chicago for a weekend. They rolled out the red carpet. Now that I'm here, we've had dinner with my new boss and his spouse at their home. They've introduced me to their friends. It doesn't seem to make a difference. Everyone knows that I'm gay, and my career is more successful than ever," adds the 29-year-old Los Angeles-native, whose career has moved him from the Bay Area to Beantown to the Big Apple and now the Windy City.

"I think they've forgotten that I am a lesbian," says Brenda, a 12-year veteran at telecommunications giant MCI. "If you don't fit the perceived stereotype of a lesbian, then most people tend to forget that you're gay. My co-workers have stopped setting me up on dates with men, which is a good sign." Like most Fortune 500 companies, MCI lacks African-American leadership.

"When Donnelly recruited me, they invited my partner and me to visit Chicago for a weekend. They rolled out the red carpet. Now that I'm here, we have dinner with my new boss and his spouse at their home."

"There's one VP in the Southwest region, whom I never met. Other than that, there aren't any visible African-Americans in positions above the director level," adds Brenda, a sales support manager. "You do get tired of being the only black person in a professional setting," comments Gooden, the Chicagoan. "Your wish is that you can meet a nice, openly gay black professional to partner your career."

"When you're used to working mainly with white males in a corporate environment, you may find yourself socializing primarily with white gay men, which sometimes draws criticism. The real litmus test for gay African-Americans needs to be how we treat each other, not the ethnic composition of our social circles," adds Moore, the HP executive. "At HP, we have employee groups for women, Latinos, blacks, Asians, and gays and lesbians. We even have a bible study group that meets in our building. If you work at a company large enough, the corporate environment can reward all types of workers. We just want employees to be true to themselves."

Ronald, Rodney, and Brenda are examples of gay and lesbian African-Americans who have been rewarded for being true to themselves. These pioneers represent a minority within a minority in corporate America. We can only hope that the country's first African-American CEO of a Fortune 500 company is gay or, at least, gay-friendly.

Milton Simpson is a business consultant and president of Forward Communication, Inc.

FORTUNE 500 COMPANIES WITH GAY, LESBIAN, BISEXUAL OR TRANSGENDER EMPLOYEE GROUPS AND ASSOCIATIONS

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Ameritech
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Exxon
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Intel
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Lucent Technologies
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A SALES REP'S VIEW

by Martina Downey

I've never been the corporate type even though I've remained in the environment (as an executive in the book publishing industry) for the past 13 years. I know the rules and have always managed to dodge them. I dress the part, even speak the language very well but it feels very artificial. Dodging the corporate heads means for me never really moving up in the firm but just making my money and leaving the rest behind. It starts to catch up with your brain after awhile. You grow stale and so does your career. And now that it's not working anymore, I've decided to dust off my resume.

It does hurt a little when a group of your Black female colleagues knowingly leave you off the invitation list for a social event at meetings. You might not have wanted to go shopping, but just being asked makes a difference. Corporate etiquette i.e., shopping or playing golf is very important. Play and you fit it. Otherwise, you could be left out of important decisions or passed up for a promotion. I've always said that folks on the job are just folks whom you don't necessarily have to like because it's an artificial environment. So, why should I expect my black counterparts to be any different? I don't know. Well, it's 5 years later and I'm so very tired of the homophobia. I don't want to play anymore.

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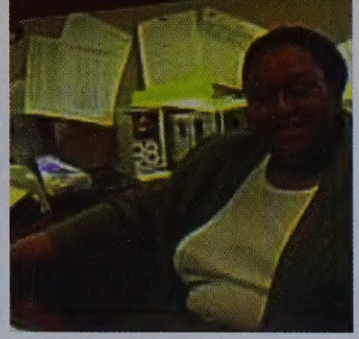


What exactly am I talking about when I say homophobia? I'm talking about why when I said "good morning my name is Martina" a Black female colleague wouldn't acknowledge my presence in the room because she'd been informed about my being a dyke. Sistah girlfriend didn't even look me in the eye to say good morning my name is.....and have a nice day. I wasn't asking for a drink in the hospitality suite but just a simple hello. It took this particular woman 4 years to finally speak to me. The same thing happened with yet another Black woman. It left a bitter taste of distrust in my mouth.

Why should I expect Black people to be any different behaviorally than white people on the job. The average Black worker in my company is heterosexual, homophobic and married with children. If white people are going to be homophobic morons, then why should I expect any more from Black folks? Well, the truth of the matter is that consciously I do expect more comradry amongst us. My experience has taught me time and time again that I must lesson my degree of expectations.

What about the impact of homophobia in my own daily work environment? It effects me when phone calls by Black managers don't get returned. Important questions which effects work never gets answered. It impacts the internal communications and some work gets done inefficiently. It affects my attitude towards some of my Black co-workers in my company and creates an unhealthy work environment. It creates an atmosphere of misery for me and is damaging to the spirit.

And still, book publishing is changing. More and more gay men and lesbians are coming out on the job. Most of them, however are white and are in key positions. I have met only one out black lesbian who once was in academic publishing. She is quite fierce and publishing her own books. Back in 1985, when I first entered publishing one could never dream of taking their lover to a National Sales Meeting as I have seen some editors do in the 90s. Yes, it's still a very frigid and conservative environment, but watching top editors do a parody of the Village People during a talent show and banquet was a real gas!!!!

Having been in the workforce for nearly 16 years in total, I periodically assess where I am at. Currently, I am at a point where I am seriously thinking about where I would like to go with my career rather than taking up a survivor's mentality of 'I need to find a job.' I fell into publishing quite by accident and thereafter people started coming after me with all kinds of incentives. Now as I get older, I want to make consciousness choices as to how I want to develop my career and what I'd like to do 5 or 10 years from now. No more running, no more dodging. It's time for me to make positive and strategic career decisions.

As difficult as it is sometimes in the corporate world, I think for me the ultimate challenge will be to work for myself, to be completely independent. The corporation of today is surviving in the midst of constant change. The illusion of job security from a former era is no longer an option. I have gained tremendous skills from corporate life; that which I can now assemble into a meaningful portfolio. As an outside sales rep, I am one step closer to realizing the possibilities of entrepreneurship. They seem much closer now than when I was working the 9-5. I work very long hours into the night. I very much handle all of the daily operations myself and I have to be extremely organized and disciplined. I believe these are some of the key personality traits of a budding entrepeneur.

A BLACK DYKE, EMPOWERED

When IBM promoted me to manage systems engineers at BellSouth in '89, I bought a house in Decatur, GA (aka Dyke Acres). One year later, on top of the world, I met Sidd Tope — an old hippie with a captivating smile — and fell deeply, hopelessly, in love! In less than 10 months, Sidd was diagnosed with chronic progressive Multiple Sclerosis, just one month after we moved in together. Suddenly, nothing was more important to me than spending time with her.

Summer of 92, Sidd went in to a coma. I asked my manager for personal time to "stay with my partner until she wakes up" and was given the time. When Sidd returned home a couple of months later, she was dramatically disabled: unable to walk, rarely able to speak, and nearly blind. I was determined Sidd would remain at home, happy as possible, with me. Bob — a friend of Sidd's for over 20 years — moved in and helped renovate the house to accommodate Sidd's abilities. I requested Flexible Work Leave — a 30 hour work week — to have more time at home. With my manager's OK, I worked part-time the remainder of the year, barely making ends meet with three people living on 75% of my salary, plus Sidd's disability check.

That winter NBC approached AFWC (the Atlanta Feminist Women's Chorus) for a volunteer to show how "normal" gay and lesbian life is. I volunteered and IBM corporate granted approval for NBC to come on site with one stipulation: come out to my colleagues "one on one" ahead of time, so no one is surprised when the cameras arrive. The greater challenge was helping my family deal with my coming out on national TV. Regretfully, our "Gay 90's" Dateline footage with Maria Shriver was only seen by family and friends; it ended up on the cutting room floor ... but I was empowered.

I pieced together Sidd's home health care program: Medicaid covered medications and nursing visits; Dekalb County Senior Connections provided part time respite care; GA's Independent Living program paid Bob part time as a personal care assistant; and I supplemented Bob's income with housing. In a couple of years, a girlfriend and I bought a fixer upper in the neighborhood to create the perfect job for Bob. He lived in and worked on the house part time and was available 24 - 7 for Sidd. Finally, in May of 97, Sidd was accepted to the state Independent Care Waiver Program which paid Bob a full time salary as a live in care taker and reimbursed lodging expenses.

After 14 years in marketing, I transferred to application development to rollout a Flexible Office Program, allowing employees to set up home offices in lieu of on site office space. Working from home myself, I could better monitor Sidd's care. I felt sincerely supported by IBM during this very stressful time. When IBM extended Domestic Partnership Benefits for gay and lesbian employees in January of '97 and initiated Diversity Network Groups (DNGs) to encourage communications within minority constituencies — including gays and lesbians — I knew IBM really "got it."

Sidd gave up her fight with MS, October 3, 1997. "Friends at IBM" sent a big ham to the house for Sidd's ritual and celebration. In the midst of overwhelming grief, I could not deal with any negative vibes on the subject and didn't know for sure who would be empathetic, so I did not share my loss with many of my coworkers. This, in part, propelled me to join a committee proposing a "Safe Space Program" for IBM Gay / Lesbian employees earlier this year. A Safe Space emblem (a rainbow triangle within a green circle) gives coworkers the visual clue that it's "safe to be who you are" here. This volunteer effort led to an invitation to join the IBM Gay and Lesbian Executive Task Force, though I'm not an executive. I work in financial analysis and business management for a VP in IBM Global Application Delivery — more out and more productive than ever.

When Nobody Needs Me

by Don Charles

I just saw evidence of a new culture war breaking out, and it scared the living daylights out of me. On one side were self-righteous African-American conservatives, brandishing the Bible and demanding the right not to have to live next door to, work with or accept the existence of fellow citizens who are lesbian or gay. On the other side were radical queer activists, ardent crusaders for political correctness, hell-bent on creating a hostile environment for fundamentalist Christians to practice their beliefs in.

I saw this disturbing glimpse of the future on telecast of the ABC Evening News with Peter Jennings. The final report on that telecast concerned a firefighter from Madison, Wisconsin, who had risked losing his job by distributing conservative Christian literature at work. This literature was targeted specifically at his newly-appointed boss, the fire chief, who just happened to be a lesbian. A rather sinister-looking woman with a "butch" demeanor, she was heard demanding the firefighter's resignation in a stern tone of voice. Later, cameras captured the firefighter's home in the midst of a siege by outraged gay activists. In their wake, dozens of "Queer Power" placards were shown littering his property.

Let me cut to the chase: The firefighter decided to run for Congress on an explicitly antigay/pro-fundamentalist platform. As he campaigned, a crowd of onlookers was shown applauding his rhetoric. Guess what? The firefighter and his supporters were (nearly) all black. The lesbian fire chief and gay protesters were all white. This fact was not mentioned during the news report, but it was impossible to overlook, especially when the sidebars included video of black singers Angie and Debbie Winans performing their hit gospel single "It's Not Natural", and a photograph of black pro-football star Reggie White, whose public condemnations of homosexual love were all over the news awhile back.

So this is obviously an issue with racial overtones, but it's more complicated than that. Yes, the report had a conservative slant. Even so, identifying the villain in the piece isn't as easy as you might think. Is the black fundamentalist a bigot? Sure he is. I cringed in embarrassment upon hearing his ignorant comments. All the same, the onslaught of gay white anger directed at this lone black Christian had the effect of casting him in a very sympathetic light.

As a gay man, I know all about black homophobia. I know about being fag-baited, beaten and belittled for years by my classmates in an all-black school. I know about being repeatedly damned to hell from the pulpit of a black Baptist church. I know about enduring murderous stares and cruel comments from (apparently) heterosexual black folk who disapproved of the way I walk, talk and/or dress. But as a black man, I also know about gay white racism. I know about the persistent glorification of a blond, Aryan ideal in national gay media. I know about being made to feel unwelcome at meetings convened by white gay men. I know about the insensitivity and indifference of some white gay activists when it comes to social issues affecting people of color. I even know about racist pillow talk. I found out about that when I naively assumed that white men I considered potential lovers had neutral feelings about skin color.

The hostilities that fuel black vs. gay antagonism are only too familiar to me. My experience suggests that the black community, despite its protests to the contrary, may very well be more intolerant of lesbians and gay men than other American ethnic groups. To be sure, the Religious Right manipulates black Christians, but too many of them are easy to manipulate when it comes to homosexual issues. On the other hand, the sight of white gay people waving rainbow flags and evoking images of the civil rights movement is far too often not an accurate reflection of their true racial attitudes. In my personal opinion, to say that race prejudice is widespread in gay circles is putting it mildly.

I know about enduring murderous stares and cruel comments from (apparently) heterosexual black folk who disapproved of the way I walk, talk and/or dress. But as a black man, I also know about gay white racism.

So I know the reasons behind this conflict, and I know that, given the contempt both groups hold for me, there's not much I can do to diffuse it. But there's one thing I don't know. Where do I, a black gay person, go to find battle. I'm reminded of the lyrics to an old showtune from the 1960s: "Who can I turn to/When nobody needs me?/My heart wants to know . . ." I get the uncomfortable feeling that I may never find out. I just may be too busy running for cover.

STILL HERE

by Anderson Jones

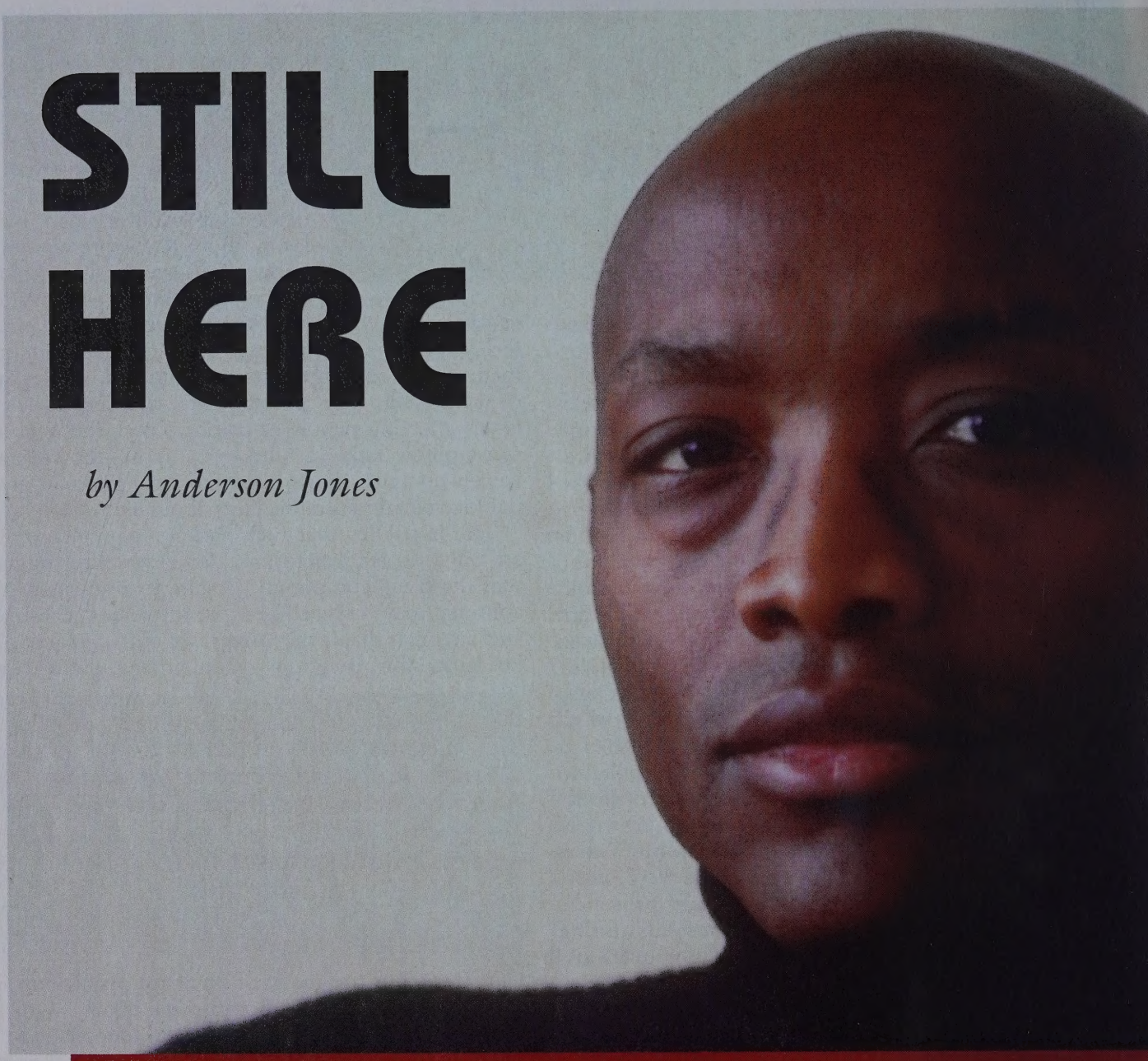


photo by Gigi Kaeser

When I arrive at Dean & Deluca down in the Village, Bill T. Jones, in brightly colored glasses and a funky faux-fur cap with ear flaps, is already waiting for me. I suspect immediately that this is not an uncommon thing for Bill. That he often finds himself in a position where he's waiting for the world to catch up.

In his dancing, even at 46, he is nearly peerless. Particularly after the loss of his long time partner Arnie Zane in 1988, who may have been the only one who could keep step with him. "I knew that when Arnie died I was suddenly...Bill...," he says. "You realize I met him when I was 19 and he died in my arms when I was 37."

In college he was bisexual. Well, everyone's bisexual in college, but Bill did it before it was cool. He was acting on instinct and sleeping with whoever "moved" him. There were many girlfriends

before he met Arnie across a crowded room.

"I think that sometimes as gay people we're too uptight about, 'Are you gay? Are you straight?' We're so, 'Are you a top? Are you a bottom? I think we're a little too tight," Jones says. "Particularly gay men. I've seen woman go "jump the fence" several times. I have one dancer... she's with women sometimes; she has men sometimes. And maybe it's easier for a woman to do it than a man. But I think a lot of it is in men's heads though."

In 1985, when he and Zane both tested positive for HIV, he moved to the forefront of the AIDS crisis, dealing with the realities of the terminal illness when most were still calling it "the gay cancer." Jones has been lucky. Although he's always been healthy and after more than a decade with HIV has never suffered an opportunistic infection, he's aware of his mortality. What he does live with everyday is uncertainty. "The fact is, the Pepsi Generation, me, the young people that are now middle-aged, we realized that we were not going to live forever," Jones says quietly. "AIDS did that for us."

Newsweek got it right when it described Still/Here, one of Jones' most personal projects as "a work so original and so profound that its place among the landmarks of 20th century dance seems ensured." They could just as well have been talking about the man behind the curtain.

He calls his dance, his life's work, art. In fact, he doesn't consider himself a dancer at all. He thinks of himself as an artist who's primary form of expression is movement. "I'm interested in art with a capital A," he says, rubbing his hands together to warm them on this cool Manhattan night. "I say I'm an art groupie or that art organizes, for me, a seemingly chaotic universe. And that art is vigorous, human in intent and constantly asking questions about where boundaries are. And I think that the art I'm making now really wants to encourage a personal vision."

Although dance must offer Jones the greatest freedom, it can be limiting.

Jones writes. His memoirs, "Last Night on Earth," focuses on his relationshsip with Arnie. He directs operas and plays. He is in the midst of creating a new, evening-length work for a company in Wales that will debut next September.

He is preparing a duet with opera diva Jessye Norman called "How! Do! We! Do!".

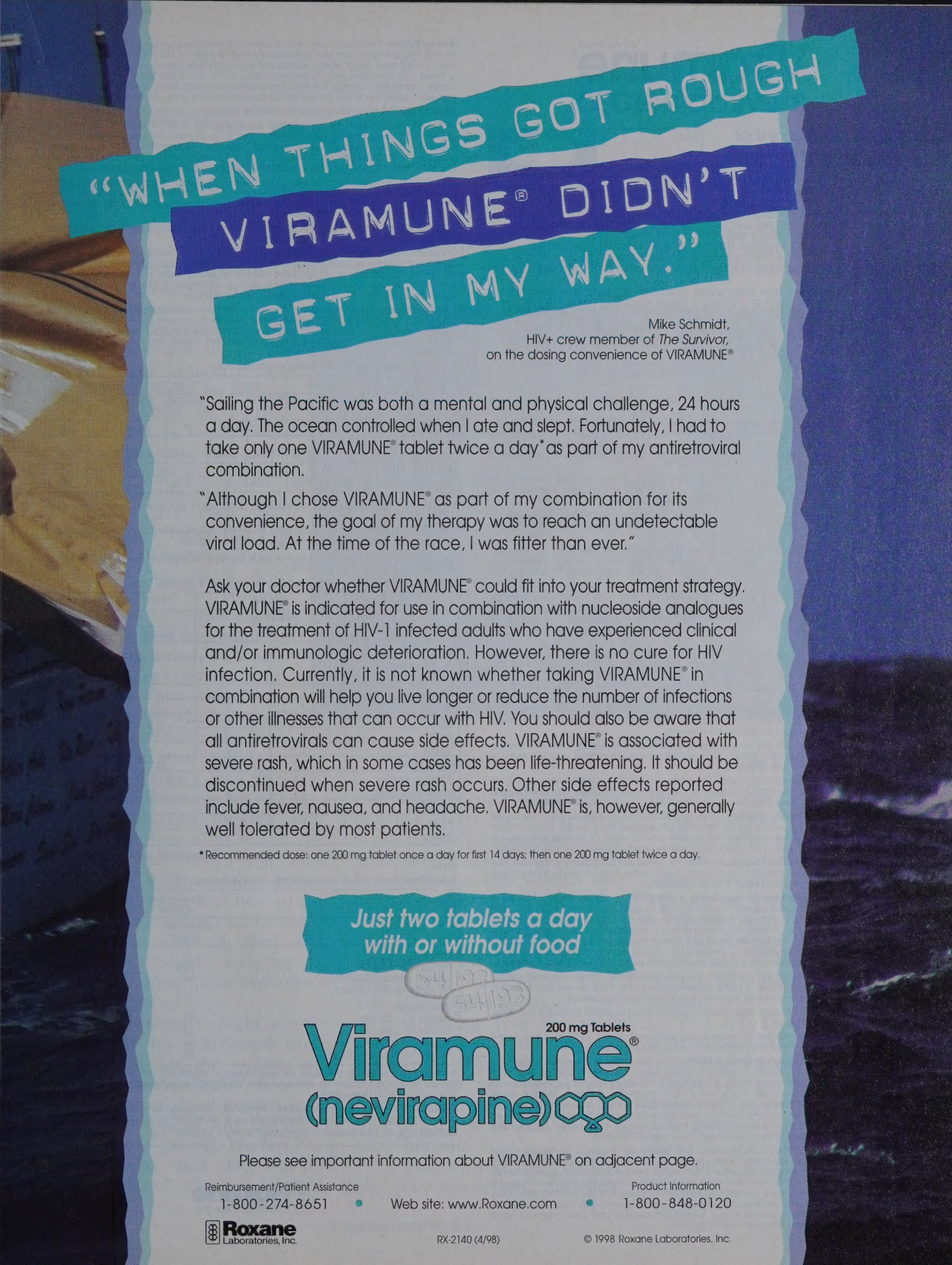
"It's a romp for she and I to both try something that we normally don't do," he says, "and get to know each other better." That piece will turn up in the spring of next year at New York's City Center.

His company, founded in 1982 and still called the Bill T. Jones/Arnie Zane Dance Company, recently completed a London engagement of "We Set Out Early Because the Visibility Was Poor." The work, in three parts, deals appropriately with the notion of a generation of artists working in the 20th century who were once called avant garde and believed in revolution and social change and are now dealing with the end of century and trying to find their place in it. As Jones says, it feels very personal. "I feel that there's kind of a spiritual fatigue in the art world. Without being at all narrative or literal it tries to talk about that idea of community and the place of the individual inside of it."

But his involvement with the company and its projects is not simply as a caretaker. "I recommitted myself to my company," Bill says, and he's been dancing himself more. "I've been looking at my own body." And those of the new dancers who

On July 12, 1997, the 9-member HIV+ crew of ***The Survivor*** completed the 2,261 mile Trans-Pacific Yacht Race from California to Hawaii. Their journey took 10 days, 6 hours, and 12 minutes. The hull of ***The Survivor*** was covered with the names of friends who had lost their battle with AIDS. These "Angels on the Hull" accompanied the crew through the long days and nights of their odyssey, inspiring them to succeed. **Roxane** applauds the efforts of "Get Challenged" and all HIV+ men and women—*not just for surviving, but for achieving.* For more information, call 1-800-328-4102.

Get Challenged



"WHEN THINGS GOT ROUGH VIRAMUNE® DIDN'T GET IN MY WAY."

Mike Schmidt,
HIV+ crew member of *The Survivor*,
on the dosing convenience of VIRAMUNE®

"Sailing the Pacific was both a mental and physical challenge, 24 hours a day. The ocean controlled when I ate and slept. Fortunately, I had to take only one VIRAMUNE® tablet twice a day* as part of my antiretroviral combination.

"Although I chose VIRAMUNE® as part of my combination for its convenience, the goal of my therapy was to reach an undetectable viral load. At the time of the race, I was fitter than ever."

Ask your doctor whether VIRAMUNE® could fit into your treatment strategy. VIRAMUNE® is indicated for use in combination with nucleoside analogues for the treatment of HIV-1 infected adults who have experienced clinical and/or immunologic deterioration. However, there is no cure for HIV infection. Currently, it is not known whether taking VIRAMUNE® in combination will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. You should also be aware that all antiretrovirals can cause side effects. VIRAMUNE® is associated with severe rash, which in some cases has been life-threatening. It should be discontinued when severe rash occurs. Other side effects reported include fever, nausea, and headache. VIRAMUNE® is, however, generally well tolerated by most patients.

*Recommended dose: one 200 mg tablet once a day for first 14 days; then one 200 mg tablet twice a day.

Just two tablets a day with or without food

200 mg Tablets

Viramune®
(nevirapine)

Please see important information about VIRAMUNE® on adjacent page.

Reimbursement/Patient Assistance
1-800-274-8651 • Web site: www.Roxane.com • Product Information 1-800-848-0120

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RX-2140 (4/98)

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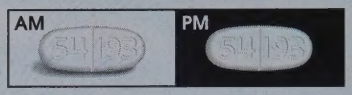
Viramune®
200 mg Tablets

(nevirapine)

Simple maintenance dose:
one 200 mg tablet twice daily



BRIEF SUMMARY

WARNING:

VIRAMUNE® (NEVIRAPINE) IS INDICATED FOR USE IN COMBINATION WITH NUCLEOSIDE ANALOGUES FOR THE TREATMENT OF HIV-1 INFECTED ADULTS WHO HAVE EXPERIENCED CLINICAL AND/OR IMMUNOLOGIC DETERIORATION. THIS INDICATION IS BASED ON ANALYSIS OF CHANGES IN SURROGATE ENDPOINTS IN STUDIES OF UP TO 48 WEEKS DURATION. AT PRESENT, THERE ARE NO RESULTS FROM CONTROLLED CLINICAL TRIALS EVALUATING THE EFFECT OF VIRAMUNE® WITH NUCLEOSIDE ANALOGUES ON THE CLINICAL PROGRESSION OF HIV-1 INFECTION, SUCH AS THE INCIDENCE OF OPPORTUNISTIC INFECTIONS OR SURVIVAL.

THE DURATION OF BENEFIT FROM ANTIRETROVIRAL THERAPY MAY BE LIMITED. ALTERATION OF ANTIRETROVIRAL THERAPIES SHOULD BE CONSIDERED IF DISEASE PROGRESSION OCCURS WHILE PATIENTS ARE RECEIVING VIRAMUNE®.

RESISTANT VIRUS EMERGES RAPIDLY AND UNIFORMLY WHEN VIRAMUNE® IS ADMINISTERED AS MONOTHERAPY. THEREFORE, VIRAMUNE® SHOULD ALWAYS BE ADMINISTERED IN COMBINATION WITH AT LEAST ONE ADDITIONAL ANTIRETROVIRAL AGENT.

VIRAMUNE® HAS BEEN ASSOCIATED WITH SEVERE RASH, WHICH IN SOME CASES HAVE BEEN LIFE-THREATENING. WHEN SEVERE RASH OCCURS, VIRAMUNE® MUST BE DISCONTINUED.

CONTRAINDICATIONS: VIRAMUNE® is contraindicated in patients with clinically significant hypersensitivity to any of the components contained in the tablet.

WARNINGS: Severe and life-threatening skin reactions have occurred in patients treated with VIRAMUNE®, including Stevens-Johnson syndrome (SJS). VIRAMUNE® must be discontinued in patients developing a severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise. (see PRECAUTIONS, Information for Patients; ADVERSE REACTIONS)

VIRAMUNE® therapy must be initiated with a 14-day lead-in period of 200 mg/day, which has been shown to reduce the frequency of rash. Dose escalation should not occur if rash is observed during this lead-in period until the rash has resolved. (see DOSAGE AND ADMINISTRATION)

PRECAUTIONS: ***General:*** When administering VIRAMUNE® as part of an antiretroviral treatment regimen, the complete product information for each therapeutic component should be consulted before initiation of treatment.

While nevirapine is extensively metabolized by the liver and nevirapine metabolites are extensively eliminated by the kidney, the pharmacokinetics of nevirapine have not been evaluated in patients with either hepatic or renal dysfunction. Therefore, VIRAMUNE® should be used with caution in these patient populations.

Abnormal liver function tests have been reported with VIRAMUNE®, some in the first few weeks of therapy, including cases of hepatitis. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe liver function test abnormalities until liver function tests return to baseline values. VIRAMUNE® treatment should be permanently discontinued if liver function abnormalities recur on readministration.

Drug Interactions: Although clinical studies have not been conducted, induction of CYP3A by nevirapine may result in lower plasma concentrations of other concomitantly administered drugs that are extensively metabolized by CYP3A. (see CLINICAL PHARMACOLOGY) Thus, if a patient has been stabilized on a dosage regimen for a drug metabolized by CYP3A, and begins treatment with VIRAMUNE®, dose adjustments may be necessary.

Rifampin/Rifabutin: There are insufficient data to assess whether dose adjustments are necessary when nevirapine and rifampin or rifabutin are coadministered. Therefore, these drugs should only be used in combination if clearly indicated and with careful monitoring.

Protease Inhibitors: Nevirapine may decrease plasma concentrations of protease inhibitors. Therefore, until clinical data are available that evaluate the need for dose adjustments, these drugs should not be administered concomitantly with VIRAMUNE®.

Oral Contraceptives: There are no clinical data on the effects of nevirapine on the pharmacokinetics of oral contraceptives. Nevirapine may decrease plasma concentrations of oral contraceptives (also other hormonal contraceptives); therefore, these drugs should not be administered concomitantly with VIRAMUNE®.

Information for Patients: Patients should be informed that VIRAMUNE® is not a cure for HIV-1 infection, and that they may continue to experience illnesses associated with advanced HIV-1 infection, including opportunistic infections. Treatment with VIRAMUNE® has not been shown to reduce the incidence or frequency of such illnesses, and patients should be advised to remain under the care of a physician when using VIRAMUNE®.

Patients should be informed that the long-term effects of VIRAMUNE® are unknown at this time. They should also be informed that VIRAMUNE® therapy has not been shown to reduce the risk of transmission of HIV-1 to others through sexual contact or blood contamination.

Patients should be instructed that the major toxicity of VIRAMUNE® is rash and should be advised to promptly notify their physician of any rash. The majority of rashes associated with VIRAMUNE® occur within the first 6 weeks of initiation of therapy. Therefore, patients should be monitored carefully for the appearance of rash during this period. Patients should be instructed that dose escalation is not to occur if any rash occurs during the two-week lead-in dosing period, until the rash resolves. Any patient experiencing severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise should discontinue medication and consult a physician.

Patients should be informed to take VIRAMUNE® every day as prescribed. Patients should not alter the dose without consulting their doctor. If a dose is missed, patients should take the next dose as soon as possible. However, if a dose is skipped, the patient should not double the next dose.

VIRAMUNE® may interact with some drugs; therefore, patients should be advised to report to their doctor the use of any other medications.

Patients should be instructed that oral contraceptives and other hormonal methods of birth control should not be used as a method of contraception in women taking VIRAMUNE®.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term carcinogenicity studies of nevirapine in animals are currently in progress. In genetic toxicology assays, nevirapine showed no evidence of mutagenic or clastogenic activity in a battery of *in vitro* and *in vivo* assays including microbial assays for gene mutation (Ames: Salmonella strains and *E. coli*), mammalian cell gene mutation assays (CHO/HGPRT), cytogenetic assays using a Chinese hamster ovary cell line and a mouse bone marrow micronucleus assay following oral administration. In reproductive toxicology studies, evidence of impaired fertility was seen in female rats at doses providing systemic exposure, based on AUC, approximately equivalent to that provided with the recommended clinical dose of VIRAMUNE®.

Pregnancy: Pregnancy Category C: No observable teratogenicity was detected in reproductive studies performed in pregnant rats and rabbits. In rats, a significant decrease in fetal body weight occurred at doses providing systemic exposure approximately 50% higher, based on AUC, than that seen at the recommended human clinical dose. The maternal and developmental no-observable-effect level dosages in rats and rabbits produced systemic exposures approximately equivalent to or approximately 50% higher, respectively, than those seen at the recommended daily human dose, based on AUC. There are no adequate and well-controlled studies in pregnant women. VIRAMUNE® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Preliminary results from an ongoing pharmacokinetic study (ACTG 250) of 10 HIV-1-infected pregnant women who were administered a single oral dose of 100 or 200 mg VIRAMUNE® at a median of 5.8 hours before delivery, indicate that nevirapine readily crosses the placenta and is found in breast milk. Consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV, mothers should discontinue nursing if they are receiving VIRAMUNE®.

Pediatric Use: Safety and effectiveness of VIRAMUNE® in pediatric patients have not been established.

VIRAMUNE® has been studied in two open-label, uncontrolled trials (BI 882, BI 892) in 37 HIV-1-infected pediatric patients with a median age of 0.9 years (range: 0.1 to 15 years) who were treated for a median duration of 20.7 months. Seven patients developed rashes while receiving VIRAMUNE®. In an ongoing, controlled trial of VIRAMUNE® combination therapy in HIV-1-infected pediatric patients (ACTG 245), one of approximately 288 patients treated with VIRAMUNE® experienced Stevens-Johnson syndrome.

Because there are no data on multi-dose pharmacokinetics in children, no recommendation on dosing can be made. Based on single-dose pharmacokinetics in 9 HIV-1-infected pediatric patients (age 9 mos. to 14 years) who were administered nevirapine in a suspension formulation, it appears that oral clearance is approximately 2-fold greater in children when compared to adults.

ADVERSE REACTIONS: The most frequently reported adverse events related to VIRAMUNE® therapy were rash, fever, nausea, headache, and abnormal liver function tests.

The major clinical toxicity of VIRAMUNE® is rash, with VIRAMUNE®-attributable rash occurring in 17% of patients in combination regimens in Phase II/III controlled studies. Thirty-seven percent of patients treated with VIRAMUNE® experienced rash compared with 20% of patients treated in control groups of either ZDV+ddI or ZDV alone (Table 1). Severe or life-threatening rash occurred in 7.6% of VIRAMUNE®-treated patients compared with 1.2% of patients treated in the control groups.

Rashes are usually mild to moderate, maculopapular erythematous cutaneous eruptions, with or without pruritus, located on the trunk, face and extremities. The majority of severe rashes occurred within the first 28 days of treatment; 25% of the patients with severe rashes required hospitalization; and one patient required surgical intervention. All patients recovered. Overall, 7% of patients discontinued VIRAMUNE® due to rash.

Table 1: Percentage of patients with rashes in controlled trials[a]

	ACTG 241[b]		BI 1037		BI 1011		COMBINED DATA	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV	NVP+ZDV	ZDV	NVP	CONTROL
n	197	201	30	30	25	24	252	255
Rash events of all Grades and all causality	39.6%	23.9%	26.7%	6.7%	32.0%	4.2%	37.3%	20.0%
Grade 3 or 4 rash events, all causality	8.1%	1.5%	3.3%	0%	8.0%	0%	7.6%	1.2%

[a] At recommended dose of one 200 mg tablet daily for the first 14 days followed by one 200 mg tablet twice daily

[b] Trial ACTG 241 was designed to report Grade 3/4 (severe or life-threatening) events; except for several pre-specified events including rash for which all grades are reported

Table 2 lists treatment-related clinical adverse events that occurred in patients receiving VIRAMUNE® in ACTG 241 and in Trials BI 1037 and BI 1011.

Table 2: Comparative Incidence of Selected Drug-Related Events in Controlled Trials

	ACTG 241		Trial BI 1037 and BI 1011	
	Grade 3/4 events		All severities	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV alone
Number of patients	197	201	55	30
Overall incidence of related adverse events	31%	23%	42%	33%
Rash	8	2	20	3
Fever	3	3	11	3
Nausea	5	4	9	3
Headache	3	3	11	0
Diarrhea	2	2	0	0
Abdominal pain	1	2	2	0
Ulcerative stomatitis	0	0	4	0
Peripheral Neuropathy	0	2	0	0
Paraesthesia	1	0	2	0
Myalgia	1	0	2	7
Hepatitis	1	0	4	0

Laboratory Abnormalities: Table 3 summarizes marked laboratory abnormalities occurring in three controlled studies.

Table 3: Percentage of patients with marked laboratory abnormalities

	Data combined for controlled trials ACTG 241, BI 1037 & BI 1011	
	VIRAMUNE® n=252	Control n=255
Hematology		
Decreased Hg (<8.0 g/dL)	1.2%	2.0%
Decreased platelets (<50,000/mm³)	0.8	0.8
Decreased neutrophils (<750/mm³)	11.1	10.2
Blood chemistry		
Increased ALT (>250 U/L)	3.4	3.5
Increased AST (>250 U/L)	2.0	2.4
Increased GGT (>450 U/L)	2.4	1.2
Increased total bilirubin (>2.5 mg/dL)	0.4	1.2

Asymptomatic elevations in GGT levels are more frequent in VIRAMUNE® recipients than in controls. Because hepatitis has occasionally been reported in VIRAMUNE®-treated patients, monitoring of liver function tests should be considered.

OVERDOSAGE: There is no known antidote for VIRAMUNE® overdosage. No acute toxicities or sequelae were reported for one patient who ingested 800 mg of VIRAMUNE® for one day.

CAUTION FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION

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Continued from page 37

continue to inspire his work and provoke new ideas and, I dare say, keep him young and focused and alert. "I don't want to miss the boat," he says, adamantly. "I don't want to be asleep. That's why I'm struggling to keep this company."

If you took the average age of the dancers in the Jones/Zane company they are probably old enough to be Jones' child. By the turn of the century he will have seen more than 100 dancers come through the company and out the other side.

Many have their own companies. "I feel like I've been part of history already," he grins. And he is. And, they keep coming. "Somewhere, there's a giant machine that keeps pumping out young artists," Bill says. "They keep coming every year, a new bus load of them step off onto Manhattan, all looking for fame and glory and all that good stuff."

Although he's in a five-year-old relationship with Bjorn, a strong, Teutonic-looking man, twice Arnie's size, he has no offspring, "but there's still some feeling of potency and I believe that [gay people are] here to create, too. If we don't create out of our bodies children, then what are we creating?" Keeping the company afloat also promises a life after his own.

Which many thought was the point of his celebrated piece Still/Here. On the surface, and certainly in the abstract, it seemed to be a piece about documenting Bill's HIV status and the AIDS epidemic in general. "In fact," he says sharply, "that piece was not about AIDS." The simple-minded confused the Bill T. Jones story with the show. Instead, Bill did what he always does, he took the personal and expanded it until it had a broader reach. "I think that work was trying to put the experience of mortality and my personal fears and questions about it into a social context," he says. The dances were developed in a workshop with women who had survived or were dealing with breast cancer or people who had multiple sclerosis or cystic fibrosis or heart disease, there were very few people with AIDS. Jones asked them these questions: How do you manage your fear about dying? How do you find the courage to love other people? What makes you happy even when life sometimes hurts? They were questions he had to have asked himself.

"It was not a work about sick people," Jones says defiantly, and loudly.

A few heads in the crowded cafe turn our way. "It was not Bill T. Jones' death knell. It was about the poetry. I've always been in pursuit of what is truthful and strong and that would give me the stuff to live...

Photo by Kevin Fitzsimons
Bill T. Jones/Arnie Zane Dance Co. Still/Here Open Rehearsal

And it's Still/Here," he says.

"And you're still here," I say.

After a moment, I want to ask some more questions, but I was running late and Jones has another appointment, a dinner party with friends and Bjorn is hovering. I have to hurry to keep up because soon Bill will be gone for tonight.

Did Still/Here give you the stuff to live? To go on?

"Yes," he says, quieter now. "It did. I did not die. I did not die and what's more, now that I think I'm going to live, what am I going to do with my life? And what do I believe in? I believe in dance."

Continued from page 15

Latinas and one in 160 black women. Given these numbers showing increased risk, how is it that the notion of unplanned pregnancy jilted my sister, but becoming HIV-positive was only an afterthought? Is the former state so concrete and the latter so abstract?

Me and my sister had a long talk that night. She suggested that she's less concerned about how she would manage with HIV because of new medications, since I've fared fairly well with the virus (all praises due). But maybe I've been faring too well (not sending messages to the universe). Because my family has not seen me ailing, they may sometimes fail to realize the impact of HIV has on my life. Since I'm still intact, some who I evangelize to, including my sister, ignore the message because of the messenger-a backfiring to my personal safe sex message emphasizing the undiscriminating nature of HIV infection.

My family and friends don't attend HIV support group meetings with me, where I witness Brothers and Sisters having a more difficult time co-existing with HIV. For some of them, their lives (Our lives) are falling apart. Their hair (Our hair) thins. Their skin (Our skin) withers. Some of them (Us) you can barely see how one HIV-related ailment is manifesting itself because it's buried so far beneath another. The sh*t is scary. It has scared me into greatly augmenting my sexual practices. It has scared me into taking responsibility for my own well-being and protecting myself.

I wish my sister were just as scared.

LeRoy Whitfield is a freelance writer living in Chicago. He is associate editor of Test Positive Aware and contributes regularly to Vibe, Poz, and Venus Magazines.

TLC Tips

By Jeannetta Bushey, RN, CSW

Q My partner and I just broke up, our daughter is very upset, and it is affecting her school grades. Her teacher suggests counseling for her, but I don't know where to go, and I could probably benefit from some therapy myself. I can't afford a private therapist, and I'm afraid that if I go to the local mental health clinic, they will blame all of this on me for being a lesbian. What can I do?

A You are not alone in this situation. Lesbian and gay parents have often experienced homophobia in the mainstream mental health field, as have lesbian and gay couples and individuals. There is frequently, at best, little validation for lesbian and gay families, and issues that arise from divorce and loss are not perceived in the same way as they would be for "straight" families.

The best way to find lesbian, gay, bisexual, transgender (LGBT)-specific or at least sensitive mental health services is to do some community research. If your area has a LGBT community or health center, such as New York, Boston and Los Angeles have, check with them for on-site or referral services. The Gay Yellow pages are another good source for both private and community services. Most larger cities have social work and psychology professional organizations that have LGBT committees, and these often have a referral service. You can find them in the regular phone book. If you have access to an on-line computer, you can search through the many LGBT sites and locate services in or near your area. Lastly, if all else fails, call around to different local mainstream clinics and speak to someone in charge. Ask them directly if they have any out individuals on staff. Ask them about their attitude toward LGBT people and families. Grill them on your concerns and don't settle for less.

Jeannetta Bushey RN, CSW, is Director of Social Services for the Michael Callen-Audre Lorde Community Health Center. Callen-Lorde is New York's only health facility serving the lesbian, gay, bisexual, and transgender community and people living with HIV and AIDS.

PROVEN POWER for HIV

Simplify your combination therapy

Two proven HIV therapies are in one tablet

- *Combivir can make it easier for you to stay on your medication schedule*
- *One Combivir Tablet morning and night, with or without food*
- *Helps you live a longer, healthier life*[1,2]

The safety profile of Combivir should be the same as that of Epivir® (lamivudine; 3TC) + Retrovir® (zidovudine; AZT). The most frequent side effects associated with Epivir + Retrovir taken together are headache, upset stomach, malaise or fatigue, and runny nose. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including AZT and 3TC.

If you are taking Epivir + Retrovir ask your doctor for

Combivir™

lamivudine 150 mg/zidovudine 300 mg

ONE TABLET TWICE A DAY

Smarter Together

www.treathiv.com

Call 1•888•TREAT HIV ext. 319 for more information

References: 1. CAESAR Coordinating Committee. Randomised trial of addition of lamivudine or lamivudine plus loviride to zidovudine-containing regimens for patients with HIV-1 infection: the CAESAR trial. *Lancet.* 1997;349:1413-1421. **2.** Hammer SM, Squires KE, Hughes MD, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. *N Engl J Med.* 1997;337:725-733.

Glaxo Wellcome HIV

A division of Glaxo Wellcome Inc.
Research Triangle Park, NC 27709
Web site: www.glaxowellcome.com

Please see brief summary for Combivir on following page.

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BRIEF SUMMARY

COMBIVIR™ Tablets (lamivudine/zidovudine tablets)

The following is a brief summary only; see full prescribing information for complete product information.

WARNING: ZIDOVUDINE, ONE OF THE TWO ACTIVE INGREDIENTS IN COMBIVIR, HAS BEEN ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING NEUTROPENIA AND SEVERE ANEMIA, PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS). PROLONGED USE OF ZIDOVUDINE HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY.

LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING ZIDOVUDINE AND LAMIVUDINE (SEE WARNINGS).

INDICATIONS AND USAGE: COMBIVIR is indicated for the treatment of HIV infection.

Description of Clinical Studies: ***COMBIVIR:*** There have been no clinical trials conducted with COMBIVIR. See CLINICAL PHARMACOLOGY for information about bioequivalence. One COMBIVIR Tablet given twice a day is an alternative regimen to EPIVIR Tablets 150 mg twice a day plus RETROVIR 600 mg per day in divided doses.

Lamivudine Plus Zidovudine: The NUCB3007 (CAESAR) study was conducted using EPIVIR 150-mg Tablets (150 mg b.i.d.) and RETROVIR 100-mg Capsules (2 x 100 mg t.i.d.). CAESAR was a multicenter, double-blind, placebo-controlled study comparing continued current therapy [zidovudine alone (62% of patients) or zidovudine with didanosine or zalcitabine (38% of patients)] to the addition of EPIVIR or EPIVIR plus an investigational non-nucleoside reverse transcriptase inhibitor, randomized 1:2:1. A total of 1,816 HIV-infected adults with 25 to 250 (median 122) CD4 cells/mm^3 at baseline were enrolled: median age was 36 years, 87% were male, 84% were nucleoside-experienced, and 16% were therapy-naive. The median duration on study was 12 months. Results are summarized in Table 1.

Table 1: Number of Patients (%) With At Least One HIV Disease-Progression Event or Death

Endpoint	Current Therapy (n = 460)	EPIVIR plus Current Therapy (n = 896)	EPIVIR plus a NNRTI* plus Current Therapy (n = 460)
HIV progression or death	90 (19.6%)	86 (9.6%)	41 (8.9%)
Death	27 (5.9%)	23 (2.6%)	14 (3.0%)

*An investigational non-nucleoside reverse transcriptase inhibitor not approved in the United States.

CONTRAINDICATIONS: COMBIVIR Tablets are contraindicated in patients with previously demonstrated clinically significant hypersensitivity to any of the components of the product.

WARNINGS: COMBIVIR is a fixed-dose combination of lamivudine and zidovudine. Ordinarily, COMBIVIR should not be administered concomitantly with either lamivudine or zidovudine.

The complete prescribing information for all agents being considered for use with COMBIVIR should be consulted before combination therapy with COMBIVIR is initiated.

Bone Marrow Suppression: COMBIVIR should be used with caution in patients who have bone marrow compromise evidenced by granulocyte count <1,000 cells/mm^3 or hemoglobin <9.5 g/dL (see ADVERSE REACTIONS).

Frequent blood counts are strongly recommended in patients with advanced HIV disease who are treated with COMBIVIR. For HIV-infected individuals and patients with asymptomatic or early HIV disease, periodic blood counts are recommended.

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination, including zidovudine and lamivudine. A majority of these cases have been in women. Caution should be exercised when administering COMBIVIR to any patient, and particularly to those with known risk factors for liver disease. Treatment with COMBIVIR should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or hepatotoxicity.

Myopathy: Myopathy and myositis, with pathological changes similar to that produced by HIV disease, have been associated with prolonged use of zidovudine and therefore may occur with therapy with COMBIVIR.

PRECAUTIONS:

General: Reduction of doses of lamivudine is recommended for patients with low body weight (less than 50 kg or 110 lb); therefore patients with low body weight should not receive COMBIVIR.

Patients With HIV and Hepatitis B Virus Coinfection: In clinical trials and postmarketing experience, some patients with HIV infection who have chronic liver disease due to hepatitis B virus infection experienced clinical or laboratory evidence of recurrent hepatitis upon discontinuation of lamivudine. Consequences may be more severe in patients with decompensated liver disease.

Patients With Impaired Renal Function: Reduction of the dosages of lamivudine and zidovudine is recommended for patients with impaired renal function. Patients with creatinine clearance ≤50 mL/min should not receive COMBIVIR.

Information for Patients: COMBIVIR is not a cure for HIV infection and patients may continue to experience illnesses associated with HIV infection, including opportunistic infections. Patients should be advised that the use of COMBIVIR has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Patients should be informed that the major toxicities of COMBIVIR are neutropenia and/or anemia. They should be told of the extreme importance of having their blood counts followed closely while on therapy, especially for patients with advanced HIV disease. Patients should be advised of the importance of taking COMBIVIR as it is prescribed.

Drug Interactions: Coadministration of ganciclovir, interferon-alpha, and other bone marrow suppressive or cytotoxic agents may increase the hematologic toxicity of zidovudine (see CLINICAL PHARMACOLOGY section of full prescribing information).

Carcinogenesis, Mutagenesis, and Impairment of Fertility: ***Carcinogenicity:***

Lamivudine: Lamivudine long-term carcinogenicity studies in mice and rats showed no evidence of carcinogenic potential at exposures up to 10 times (mice) and 58 times (rats) those observed in humans at the recommended therapeutic dose.

Zidovudine: Zidovudine was administered orally at three dosage levels to separate groups of mice and rats (60 females and 60 males in each group). Initial single daily doses were 30, 60, and 120 mg/kg per day in mice and 80, 220, and 600 mg/kg per day in rats. The doses in mice were reduced to 20, 30, and 40 mg/kg per day after day 90 because of treatment-related anemia, whereas in rats only the high dose was reduced to 450 mg/kg per day on day 91 and then to 300 mg/kg per day on day 279.

In mice, seven late-appearing (after 19 months) vaginal neoplasms (five non-metastasizing squamous cell carcinomas, one squamous cell papilloma, and one squamous polyp) occurred in animals given the highest dose. One late-appearing squamous cell papilloma occurred in the vagina of a middle-dose animal. No vaginal tumors were found at the lowest dose.

In rats, two late-appearing (after 20 months), non-metastasizing vaginal squamous cell carcinomas occurred in animals given the highest dose. No vaginal tumors occurred at the low or middle dose in rats. No other drug-related tumors were observed in either sex of either species.

At doses that produced tumors in mice and rats, the estimated drug exposure (as measured by AUC) was approximately three times (mouse) and 24 times (rat) the estimated human exposure at the recommended therapeutic dose of 100 mg every 4 hours.

Two transplacental carcinogenicity studies were conducted in mice. One study administered zidovudine at doses of 20 mg/kg per day or 40 mg/kg per day from gestation day 10 through parturition and lactation with dosing continuing in offspring for 24 months postnatally. The doses of zidovudine employed in this study produced zidovudine exposures approximately three times the estimated human exposure at recommended doses. After 24 months, at the highest dose, an increase in incidence of vaginal tumors was noted with no increase in tumors in the liver or lung or any other organ in either gender. These findings are consistent with results of the standard oral carcinogenicity study in mice, as described earlier. A second study administered zidovudine at maximum tolerated doses of 12.5 mg/day or 25 mg/day (~1,000 mg/kg nonpregnant body weight or ~450 mg/kg of term body weight) to pregnant mice from days 12 through 18 of gestation. There was an increase in the number of tumors in the lung, liver, and female reproductive tracts in the offspring of mice receiving the higher dose level of zidovudine.

It is not known how predictive the results of rodent carcinogenicity studies may be for humans.

Mutagenicity: Lamivudine: Lamivudine was negative in a microbial mutagenicity screen, in an in vitro cell transformation assay, in a rat micronucleus test, in a rat bone marrow cytogenetic assay, and in an assay for unscheduled DNA synthesis in rat liver. It was mutagenic in a L5178Y/TK$^{+/-}$ mouse lymphoma assay and clastogenic in a cytogenetic assay using cultured human lymphocytes.

Zidovudine: Zidovudine was mutagenic in a L5178Y/TK$^{+/-}$ mouse lymphoma assay, positive in an in vitro cell transformation assay, clastogenic in a cytogenetic assay using cultured human lymphocytes, and positive in mouse and rat micronucleus tests after repeated doses. It was negative in a cytogenetic study in rats given a single dose.

Impairment of Fertility: Lamivudine: In a study of reproductive performance, lamivudine, administered to male and female rats at doses up to 130 times the usual adult dose based on body surface area considerations, revealed no evidence of impaired fertility (judged by conception rates) and no effect on the survival, growth, and development to weaning of the offspring.

Zidovudine: Zidovudine, administered to male and female rats at doses up to 7 times the usual adult dose based on body surface area considerations, had no effect on fertility judged by conception rates.

Pregnancy: Pregnancy Category C.

COMBIVIR: There are no adequate and well-controlled studies of COMBIVIR in pregnant women. Reproduction studies with lamivudine and zidovudine have been performed in animals (see Lamivudine and Zidovudine sections below). COMBIVIR should be used during pregnancy only if the potential benefits outweigh the risks.

Lamivudine: Reproduction studies with orally administered lamivudine have been performed in rats and rabbits at 130 and 60 times, respectively, the usual adult dose (based on relative body surface area) and have revealed no evidence of teratogenicity. Some evidence of early embryolethality was seen in the rabbit at doses similar to those produced by the usual adult dose and higher, but there was no indication of this effect in the rat at orally administered doses up to 130 times the usual adult dose. Studies in pregnant rats and rabbits showed that lamivudine is transferred to the fetus through the placenta.

Zidovudine: Reproduction studies with orally administered zidovudine in the rat and in the rabbit at doses up to 500 mg/kg per day revealed no evidence of teratogenicity with zidovudine. Zidovudine treatment resulted in embryo/fetal toxicity as evidenced by an increase in the incidence of fetal resorptions in rats given 150 or 450 mg/kg per day and rabbits given 500 mg/kg per day. The doses used in the teratology studies resulted in peak zidovudine plasma concentrations (after one-half of the daily dose) in rats 66 to 226 times, and in rabbits 12 to 87 times, mean steady-state peak human plasma concentrations (after one-sixth of the daily dose) achieved with the recommended daily dose (100 mg every 4 hours). In an additional teratology study in rats, a dose of 3,000 mg/kg per day (very near the oral median lethal dose in rats of 3,683 mg/kg) caused marked maternal toxicity and an increase in the incidence of fetal malformations. This dose resulted in peak zidovudine plasma concentrations 350 times peak human plasma concentrations. No evidence of teratogenicity was seen in this experiment at doses of 600 mg/kg per day or less. Two rodent carcinogenicity studies were conducted (see Carcinogenesis, Mutagenesis, Impairment of Fertility).

Antiretroviral Pregnancy Registry: To monitor maternal-fetal outcomes of pregnant women exposed to COMBIVIR™ Tablets (lamivudine/zidovudine tablets) and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling (800) 722-9292, ext. 39437.

Nursing Mothers: The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV infection.

COMBIVIR: Zidovudine is excreted in breast milk (see CLINICAL PHARMACOLOGY: Pharmacokinetics: Nursing Mothers section of full prescribing information); however, no data are available on COMBIVIR or lamivudine. Therefore, there is a potential for adverse effects in nursing infants. **Mothers should be instructed not to breast-feed if they are receiving COMBIVIR.**

Pediatric Use: COMBIVIR should not be administered to pediatric patients less than 12 years of age because it is a fixed-dose combination that cannot be adjusted for this patient population.

ADVERSE REACTIONS:

Lamivudine Plus Zidovudine Administered As Separate Formulations: In four randomized, controlled trials of EPIVIR 300 mg per day plus RETROVIR 600 mg per day, the following selected clinical and laboratory adverse events were observed (see Tables 2 and 3).

Table 2: Selected Clinical Adverse Events (≥5% Frequency) in Four Controlled Clinical Trials With EPIVIR 300 mg/day and RETROVIR 600 mg/day

	Adverse Event	EPIVIR plus RETROVIR (n = 251)
Body as a whole	Headache	35%
	Malaise & fatigue	27%
	Fever or chills	10%
Digestive	Nausea	33%
	Diarrhea	18%
	Nausea & vomiting	13%
	Anorexia and/or decreased appetite	10%
	Abdominal pain	9%
	Abdominal cramps	6%
	Dyspepsia	5%
Nervous system	Neuropathy	12%
	Insomnia & other sleep disorders	11%
	Dizziness	10%
	Depressive disorders	9%
Respiratory	Nasal signs & symptoms	20%
	Cough	18%
Skin	Skin rashes	9%
Musculoskeletal	Musculoskeletal pain	12%
	Myalgia	8%
	Arthralgia	5%

Pancreatitis was observed in three of the 656 adult patients (<0.5%) who received EPIVIR in controlled clinical trials. Selected laboratory abnormalities observed during therapy are listed in Table 3.

Table 3: Frequencies of Selected Laboratory Abnormalities Among Adults in Four Controlled Clinical Trials of EPIVIR 300 mg/day plus RETROVIR 600 mg/day*

Test (Abnormal Level)	EPIVIR plus RETROVIR % (n)
Neutropenia (ANC<750/mm^3)	7.2% (237)
Anemia (Hgb<8.0 g/dL)	2.9% (241)
Thrombocytopenia (platelets<50,000/mm^3)	0.4% (240)
ALT (>5.0 x ULN)	3.7% (241)
AST (>5.0 x ULN)	1.7% (241)
Bilirubin (>2.5 x ULN)	0.8% (241)
Amylase (>2.0 x ULN)	4.2% (72)

ULN = Upper limit of normal.
ANC = Absolute neutrophil count.
n = Number of patients assessed.
*Frequencies of these laboratory abnormalities were higher in patients with mild laboratory abnormalities at baseline.

Observed During Clinical Practice: The following events have been identified during post-approval use of EPIVIR and/or RETROVIR. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to their seriousness, frequency of reporting, causal connection to EPIVIR and/or RETROVIR, or a combination of these factors.

Alopecia, erythema multiforme, hyperglycemia, lactic acidosis and hepatic steatosis (see WARNINGS), pancreatitis, seizures, sensitization reactions (including anaphylaxis), Stevens-Johnson syndrome, urticaria, and vasculitis.

OVERDOSAGE:

COMBIVIR: There is no known antidote for COMBIVIR.

Lamivudine: One case of an adult ingesting 6 grams of lamivudine was reported; there were no clinical signs or symptoms noted and hematologic tests remained normal. It is not known whether lamivudine can be removed by peritoneal dialysis or hemodialysis.

Zidovudine: Acute overdoses of zidovudine have been reported in pediatric patients and adults. These involved exposures up to 50 grams. The only consistent findings were nausea and vomiting. Other reported occurrences included headache, dizziness, drowsiness, lethargy, confusion, and one report of a grand mal seizure. Hematologic changes were transient. All patients recovered. Hemodialysis and peritoneal dialysis appear to have a negligible effect on the removal of zidovudine while elimination of its primary metabolite, 3′-azido-3′-deoxy-5′-*O*-β-*D*-glucopyranuronosylthymidine (GZDV), is enhanced.

DOSAGE AND ADMINISTRATION: The recommended oral dose of COMBIVIR for adults and adolescents (at least 12 years of age) is one tablet (containing 150 mg of lamivudine and 300 mg of zidovudine) twice daily.

Dose Adjustment: Because it is a fixed-dose combination, COMBIVIR should not be prescribed for patients requiring dosage adjustment such as those with reduced renal function (creatinine clearance ≤50 mL/min), those with low body weight (<50 kg or 110 lb), or those experiencing dose-limiting adverse events.

US Patent Nos. 5,047,407; 4,818,538; 4,828,838; 4,724,232; 4,833,130; and 4,837,208

GlaxoWellcome
Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

Lamivudine is manufactured under agreement from Biochem Pharma Inc.
Laval, Quebec, Canada

January 1998/RL-505

STYLE

In the spirit of UMOJA

by Ernest Montgomery

How many African American fashion designers or fashion companies can you name? I can name nine off the top of my head...Knightwear, Alexander Bruce, Vernest Moore, Linwood Allen, Divus, Pure Playaz, Richard Q, Stephen Hayse, and Eric Drake. How many did you come up with? OK, I cheated-I didn't name them off the top of my head—I read them from the Gay Men of African Descent (GMAD) 7th Annual Benefit Fashion Show program. The show —which incidently sold old to a standing-room-only-crowd this past summer — raised funds for GMAD, a non-profit organization committed to empowering gay men of African descent through education, social support, political advocacy, and health and wellness promotion.

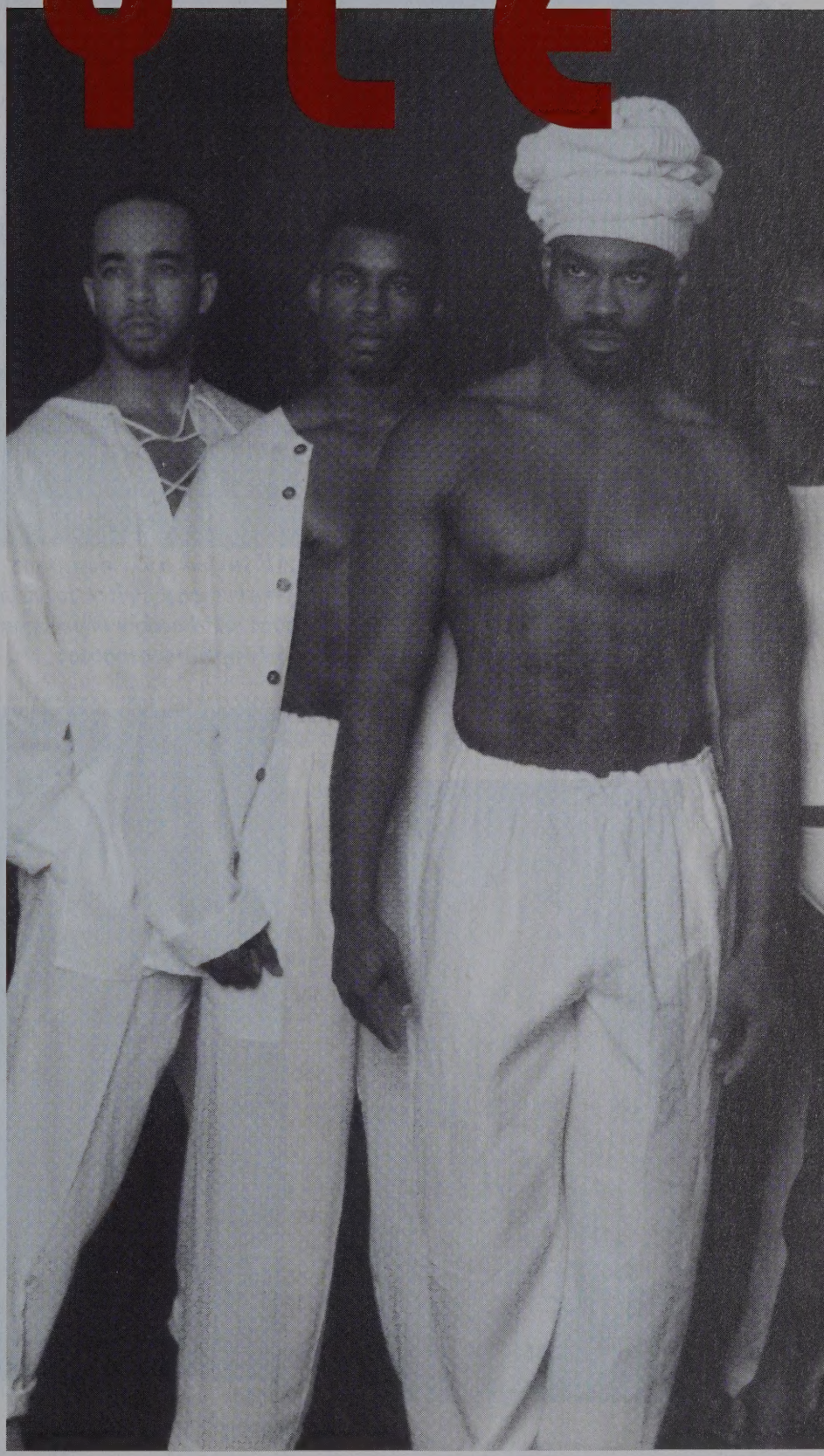
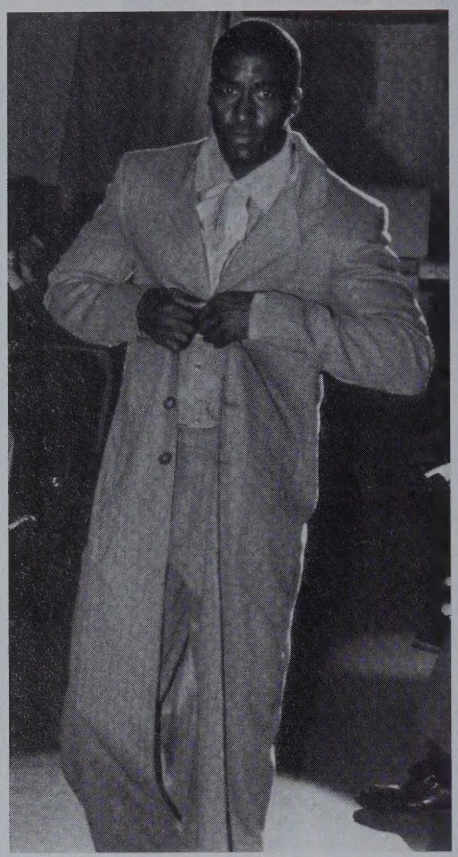
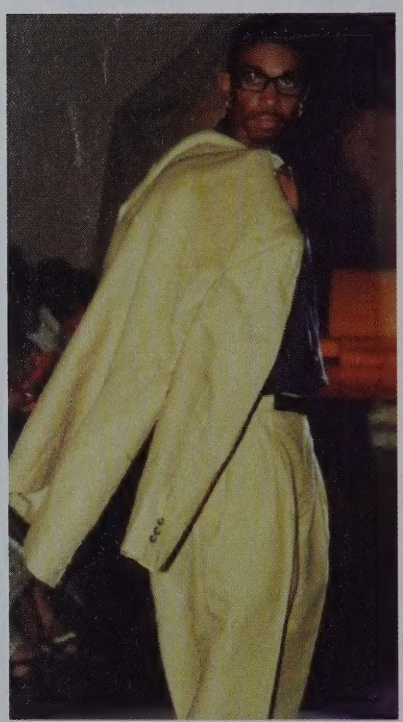


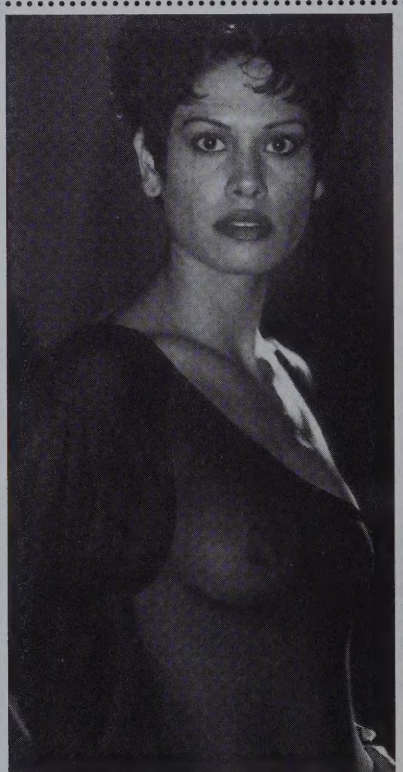
Photo by Ernest Montgomery



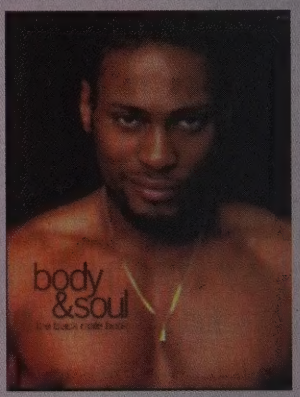
All suited up... designers Eric Drakes and Felice Jones show that the banker blues aren't the only options anymore.

Photos by Jeanna Gale





brace yourself...if this doesn't give the heart a boost nothing will.
Black shear dress by Richard Q



Body & Soul

We are Such Beautiful People...

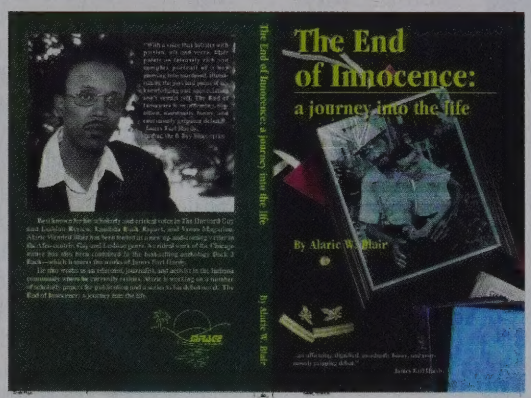
—Bethann Hardison talent manager

Body & Soul: The Black Male Book by Duane Thomas (Universe Publishing, 1998), hit bookshelves recently. RUN to go buy it! Not tomorrow, not next week, NOW! The book is the first of its kind—a celebration of African-American men, through their style and beauty. Each of the 141 pages brings you upclose and personal to some some of the industryís leading self-made men: "Puffy" Combs, Tyson Beckford, Dennis Rodman, Al Green and Wyclef Jean to name a few. Although the book is short on text, it is a visual treat for the senses.

INTRODUCING ALARIC WENDELL BLAIR

by Kathleen E. Morris

Alaric Wendell Blair is the author of The End of Innocence, a journey into the life (Mirage, 1998 ISBN 0-9667183-0-5). Though I have met Alaric before, I am always struck by the presence of this tall, slender, bespecled man. Since our last meeting, he is now sporting baby dreds (particularly attractive with his moustache and goatee). He is wearing an ecru linen shirt over a pair of wide-legged olive pants, and he flashes his trademark smile, as he catches my appreciation of his black Kenneth Cole sandals. We meet for lunch at the Brown Suede Shoe - a queer cafe in Indianapolis.



KEM: What writers inspire you?

AWB: I have always enjoyed the writings of James Baldwin, especially his essays. I remember reading them and then sitting down to answer him — as though he and I were having a conversation. Today, my literary heroes include James Earl Hardy, Cornel West and Toni Morrison (who reminds me to approach literature tentatively).

KEM: Any other inspirations?

AWB: (grinning widely) When I am not being musical, literary, or watching re-runs of The Golden Girls (I'm addicted), I like to spend as much time as possible with my son, Langston. He and I go on fieldtrips to the airport, museums, ethnic restaurants, zoos, fire stations, and police stations. He is fascinated with law enforcement. At four years old, he already knows what he wants to do when he grows up: A policeman and a "book writer."

KEM: Has your writing transformed your life in any way?

AWB: Yes. I don't think I understood the full power of the written word. If I have been transformed, it is through that revelation. While my novel was in process, I talked it up to anyone who would listen, and everyone I talked to was so enthusiastic about it, though many had no idea what I was writing about!

KEM: Tell us about End of Innocence - how it came into being.

AWB: (chuckle) The inspiration behind Innocence was my own life. It was from my own experiences that I brought life to Fitzgerald T. Washington. I was challenged to write this book by a friend who taught at a local university. We were having cocktails and he asked me why I moved from a metropolis like Chicago to a small Indiana city. As I related the story to him, he suggested I write it. I took him up on the challenge and got to work.

KEM: Is your partner supportive of your writing process?

AWB: Yes. James is extremely supportive of my writing, even though he is often caught in the crossfire of my writing process—when I'm most irritable, poor thing. He has a great deal to handle with me and the publishing company we've started. Still, he often asks me to read to him before we retire for the day. That communicates to me that he is "invested" in my work.

KEM: Any words of advice for aspiring writers?

AWB: If I were to give any advice to a budding writer, it would be: believe in your own work. Don't wait for anyone else to value your writing because, unless you believe in it, no one else will either. Oh — and SURROUND YOURSELF WITH OTHER WRITERS and ATTEND CONFERENCES!

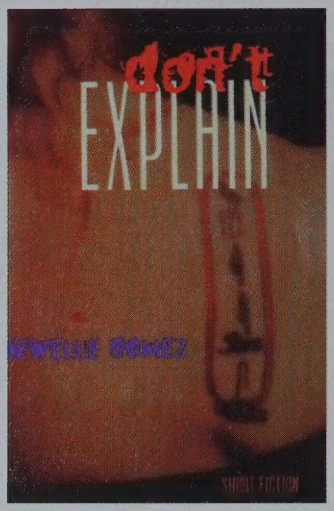
Kathleen E. Morris is author of 'Speaking in Whispers' and a regular contributor to Venus.

BOOKS

No Explanation Needed

Review by Kathleen E. Morris

Jewelle Gomez, in her newest book Don't Explain (Firebrand Books 1998), brings us nine fascinating glimpses into extraordinary moments in ordinary lives that transform the protaganist in some way. She includes some previously published stories that will delight old fans. For instance, in White Flower, the main character, a department store manager living a structured life, has her flat line disrupted by a voice on the phone whispering, "Yes, White Flower." She is transported from her dull routine to a night of passionate sex, with no promise, no hope, no question of more. Gomez also brings us some new pieces - including (for this reviewer) a surprisingly entertaining new "chapter" to the Gilda Stories (Houston).



The characters and stories are widely varied, each story eliciting a different emotion in the reader. Jewelle has offered up something for all of her fans. From romantic beginnings (Ounce of Charm) to the sci-fi/fantasy melding of love - (Lynx and Strand); from a release of the past and chance for a future (Steps) to an examination of the past as a bridge to the future (Grace A), Jewelle takes us along on a journey from Boston in the 1950s to the Jemenez Mountains in a post-atomic war 21st century. The trip is a delightful adventure.

One particular noteworthy statement by Jewelle Gomez in her "I Lost It atThe Movies" finds her saying, "My family was as relieved as I was to finally know who I am."

Indeed. We should all be so fortunate.

Bill Gaskins: He Does Heads

Review by Jacqueline Francis

Check out _Good Hair and Bad Hair_ (Rutgers University Press, $27.00), Bill Gaskins' photographs of black hair drama in the Nineties.

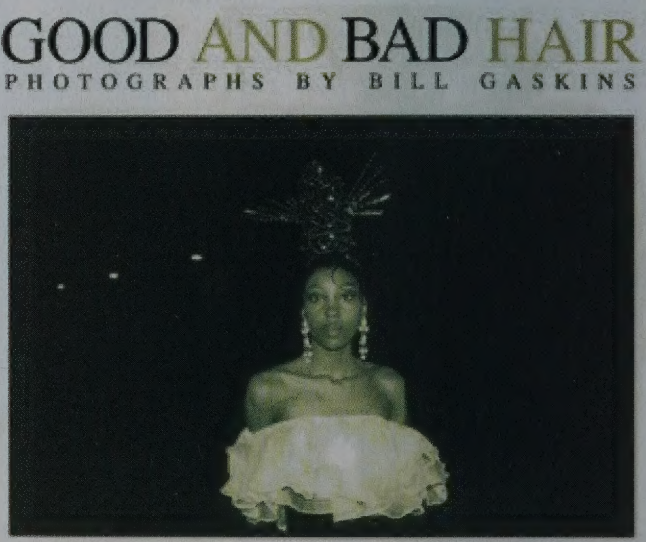
Gaskins is an artist-writer-brother, one who wears locks. But before you go there, know that his book is no _Essence_-type article—you know, "Locks: They're 'Irie'!!!"

Black people _give_ hair and this Gaskins shows you in sixty-odd, black and white photos. He and his camera traveled to hair care shows in Atlanta and Chicago, to the streets of D.C. and Brooklyn, and to a black Greek picnic among other places.

The result is a feast for the eyes, a testimony to our obsession and grandeur: we're talking cold waves, Caesars, marcels, fades, extensions, Afros, pompadours, locks, wigs, finger curls, those Patti Labelle-peacock tail jobbies, falls, mohawks. We feature in every which way, too: bone straight, parted, bleached, stacked, twisted, tinted, bobbed, natural, duck-tailed, bald, teased, hot combed, beaded, baubled, _and_ feathered.

OK?

Hair is the star attraction, but don't forget to peep the individuality and emotion in these faces. Give Gaskins his props: this is some serious work, skillfully and lovingly done.



So what are writers reading?

"...the only time I have to read is on airplanes these days, so I've been reading "Go Girl!" by elaine lee [ISBN: 0933377428] bit by bit. It's a travel book for black women, and it has stories from black women that have been just about everywhere: all over the U.S., the Caribbean, different countries in Africa, South America, Europe... places I hope to get to one day. Reading it both whets and satisfies my travel bug for out-of-country experiences."

Lisa Moore, Publisher/Editor "Does Your Mama Know?"
1998 Lambda Award winner

Considering Venus by D. Gisele Isaac
Seaburn Publishing, 1998
ISBN: 1-885778-42-2

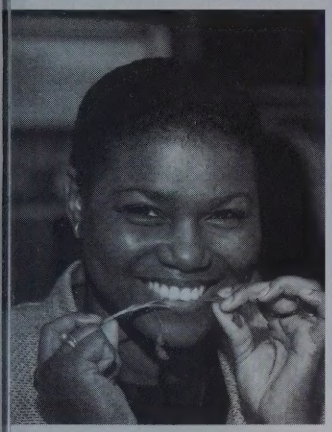
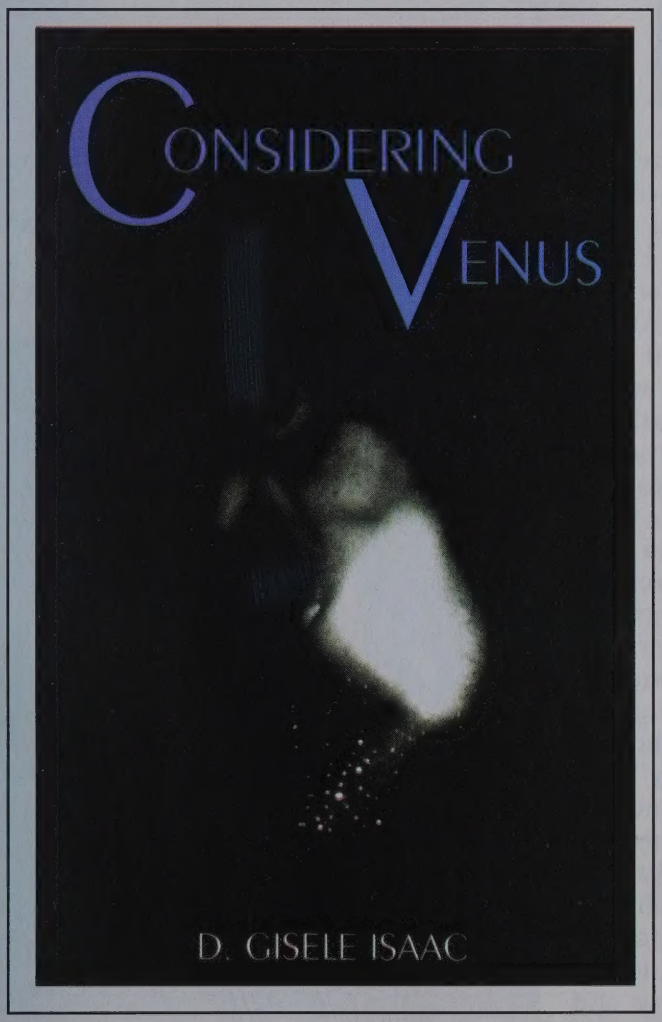


Photo by Robert Floyd

Novelist D. Gisele Isaac explores the almost-unacknowledged issue of lesbianism among Caribbean women and adds to it the complication of a heterosexual perspective. Considering Venus asks, "What happens when girlfriends becomes more than friends?" Two forty-something women meet again 25 years after high school. One is recently widowed and looking for a friend, while the other is gay and looking for love. The widow denies her own feelings and feels conflicted about the whole idea of women loving women. She mostly fears being labeled. Her return chronicles the many ways in which women form attachments and how friendship and love are interwoven into a unique type of relationship.



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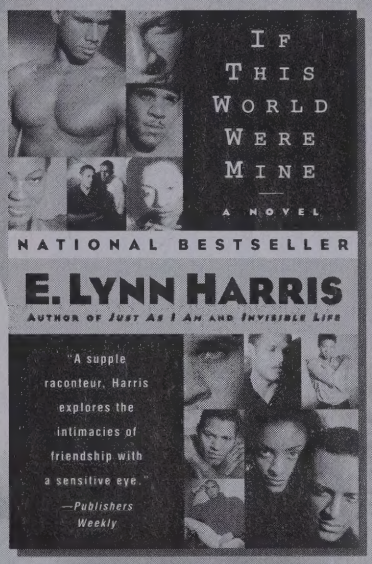

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—San Francisco Chronicle

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—Atlanta Journal-Constitution

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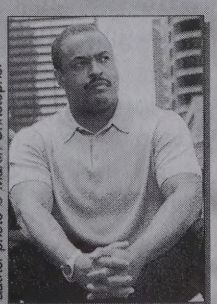

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Untitled (Mummy)

The everyday stuff of spirituality— A review of the Alchemy Installation at the Corcoran Museum of Art

by **Cary Alan Johnson**

Enter the temple. Remove your shoes or do not. No matter, for this is an urban sanctuary. The video and photography installation by Lyle Ashton Harris and Thomas Allen Harris at the Corcoran Gallery of Art in Washington, D.C. is nothing if not a spiritual enclave. It is an artistic space in which urban aboriginals can trace their roots and observe the amazing ways they have transformed them.

The Harrises (brothers, as in same mother, same father), have been the bad boys of Black gay cultural expression for some time now. Their gender-bending, insightful personalities and work have been receiving quite a bit of attention as of late. Thomas' previous videos, "Black Body" and "Splash" have evidenced an incredible ability to get real close to his subjects and their perspectives. In "Vintage: Family Values," Thomas describes the often protective, sometimes belligerent, but always loving relationships among Black gay and lesbian siblings. Included in this treatment is material that is alternately hilarious and painful regarding his own relationship with his brother Lyle, his mother and his estranged father. Their work is fiercely

Untitled (Firebird)

Untitled (Blue)

intelligent and challenges traditional separations of race, color, sex, and class. They have always seemed to want to shake us out of the boxes we are in. Alchemy is no exception.

On the simplest level, Alchemy is an installation of 9 photographs and three videos presented in a dark box. And that's where the simplicity ends. Alchemy juxtaposes the spiritual and the profane, the religious and the quotidian. This the hallmark of African spirituality. This is life. The everyday stuff of spirituality.

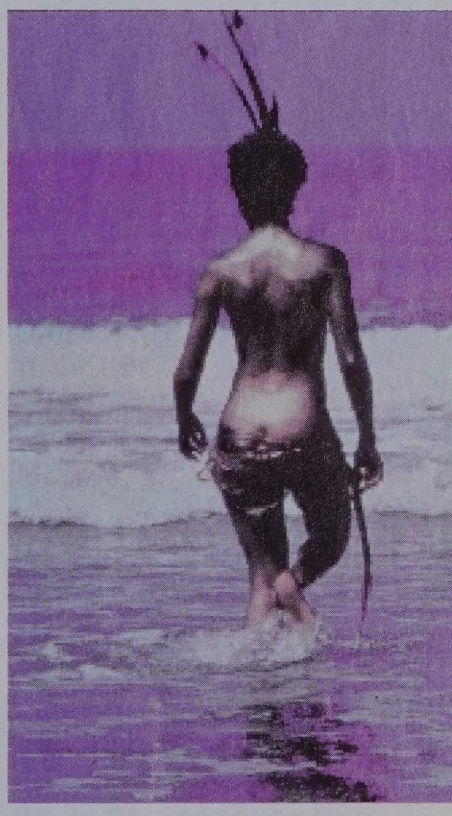
Untitled (Orisha study)

Though there is significant nudity, the images are not 'erotic.' Or if they are, it is in ways in which we find family members erotic. Sexy in their familiarity. In one of the three videos, the Harris brothers allow us to bathe in the ocean (the Atlantic, the Bite of Benin perhaps) with a mostly nude black woman on a wide beach. The light plays on her back and shoulders. Make-up and sunlight play, rendering her alternately gold and bronze. Who is she? Mother? Sister? Siren? The Yoruba orisha Yemonja returning to minister to her children in the sea? The photograph Untitled (Sea) is a still from this video.

Untitled (Somewhere) is the photograph that will probably provoke the most discussion. In it, Lyle Harris, costumed as a spiritual figure (orisha, spirit medium?) is suspended in front of a large window.

He floats magically in front of a distinctly urban backdrop. Another black man in complete leather gear poses in front of him. The leatherman however is grounded in this world, his feet firmly on the ground. They both appear a product of the night that awaits them outside of the window, each working their magic with a different set of tools.

Almost as engaging as the work itself, its placement in the spaceshows tremendous creativity. The rectangular hall is divided into two antechambers cut by a center wall with a pyramid-like opening. This design allows us to view the photograph on one far wall and the video on the other through the additional 'frames' of the gallery's architecture. It also allows the viewer to appreciate the photographs in a myriad of groupings, come closer, some further away, adding to the dynamism and almost three-dimensional character of the portraits.



Untitled (Sea)

The ancient alchemists aimed to transform common metals into gold; they searched for a universal cure for disease, and a means of indefinitely prolonging life. The Harrises play with color, light, fabric, paint, make-up and costuming, to explore African cosmology and trace its transformation into a modern urban aesthetic.

Jill Tracey

Behind the Scenes and In the Shade!

Photos by Tina Paul

I'm Stayin'! And You Gonna Love Me!

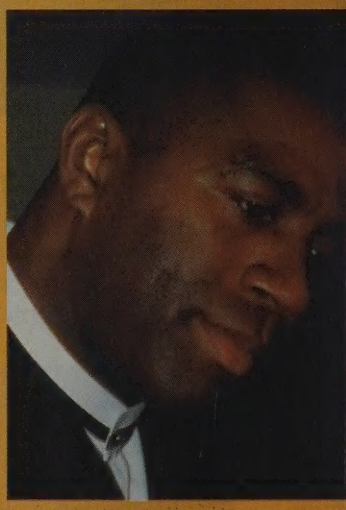
I've been hearing rumors since last month that Whitney's 'bout to leave Bobby but that's looking like lies and fairy tales. The New York Post reported Whitney would make the announcement by but as usual, you can't believe everything you read in those rags . . . In the meantime **Whitney** recently celebrated her 35th birthday with friends, family and Bobby (and Robin) at NY's China Club and folks say the trio - ah, I mean duo - looked as high as ever - - on love that is . . .

I'm Scared of You!

I know you heard **Miss Missy Elliot** has been hanging out with **Scary Spice**, well it's all been very professional, thank you. I still have a problem with the fact that the only sista in the Spice Girls is named Scary— but anyway — Miss Mel and Missy Elliot are teaming up for Mel's solo project which she says has got to be FUNKY!! No, she's not leaving the Spice Girls. She's doing a Terry Ellis/EnVouge move but ya know how that turned out now don't cha.

And speaking of Missy, she is quite in demand. Whitney Houston and Missy Elliot are getting their groove on too. Now there's a love connection for ya . . . but really, Miss Whitney's people recently called Missy and asked her if she would like to work with Whitney. Apparently Whitney wants to develop a harder edge and figured Missy would be the one to lay it on her. . . musically of course. Look for their collaboration on Whitney's upcoming project.

And no, I don't know if the rumor that Mocha is Missy's new woman is true. . .



Hasta La Vista, Baby!

First Keenan, then Vibe, then **Magic**. But admit it. Magic was painful to watch. Speech classes and everything and the brotha still couldn't get it together. I say it's time to get on the phone and start begging Joan Rivers to come back.

Michael Jordan 'The Movie' ?

Now ya'll knew this was coming. Saban Entertainment and Fox are working on a made-for-TV movie for the scandalous stories about Jordan all over the street right now. Illegitimate babies, cheating on Juanita with our vanilla sistas, gambling, all kinda mess. However it is called 'The Untold Story of an American Hero' so ya know they diggin'. Look for it to air toward the end of the year.

Puff Tacky

Did you hear that **Puffy** fired his interior decorator? Whew! A temperamental queen! Yes, one Sheila Bridges was hired to decorate Puffy's east Hampton mansion and his NY crib but was fired after she refused to put his initials on the gates, rugs, towel, etc. . . the way he asked. She said it was tacky. I have to go with Miss Thang on this one 'cause every other millionaire on the planet has his initials on everything down to the toilet paper. Tacky! Tacky! Tacky!

Ooh and Scandal . . .

. . . on the Set of **Nancy Wilson's** video for her new LP, 'If I Had My Way'. It almost didn't happen after the video shoot went to hell. The talent

walked out after they were promised they would be working with Oprah and Angela Basset but **Vivica A. Fox** and **Beverly Johnson** showed up instead. You know the children cut up. The shoot was late, there were no hair or make-up people set up and it was supposed to be like a Fashion show in a nightclub, but when the crew got there, the set wasn't even built! Well all's well that ends well . . . the video turned out very cute. Too bad you rarely ever see it on these sorry video shows.

The Last Hurrah for NY Undercover

Producer Dick Wolf says the show should have ended last year after **Michael DiLorenzo and Malik Yoba** demanded more money and more say so in the show. As you know the show killed off DiLorenzo last year, and Wolf says the only reason he didn't kill Malik's character was because audiences liked his character's chemistry with Lauren Velez's character. Former Martin cast member **Tommy Ford** just got to the show and now he's looking for a new job. Lauren is looking for a better hairdresser so she can get another job and Malik Yoba is desperately reaching for a singing career and we hope, a jar of Vaseline. I have never seen anyone with ashy lips like that!!!

Face it , Girl!

Alright for **Terri McMillian**! While Stella got her groove back, Terri got a new face with the profits. Yes, Terri is sporting a whole new look, and she's probably sending some plastic surgeon in Beverly Hills flowers on a daily basis. Not to say she wasn't beautiful before but she looks like the same woman. . . You Go Girl !!!

Vesta's Back!!!

Did ya hear the good news?!! Girl is back with a new LP, new look and new nose to boot!!! Vesta has lost like 70 lbs. and she looks amazing. The first single from her new relationships CD is 'Somebody For ME'! Look for it in stores now!!

Can I get a Witness?

I liked him so much better when he didn't speak . . But now **The Artist** is everywhere and DON'T be surprised if The Artist shows up at your door with a guitar in one hand and a watchtower in the other. Yes, The Purple One says every since the death of his son 2 years ago, he found new faith through Jehovah. Well God bless and Hare Krishna to you too.

Sista Maya Angelou's directorial debut premiered at the Urban World Festival in New York. It's called 'Down In The Delta' and stars Wesley Snipes, Lorretta Devine, Alfre Woodard and Ester Rolle. The story follows a troubled woman's triumph as she leaves Chicago to move her family back home to the Mississippi Delta. Miramax will distribute the film and we can look for it at the end of the year.

Maya Angelou with Valerie Simpson & Nick Ashford

Jill Tracy is a entertainment writer and radio personality living in Miami Florida

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1. Queen Latifah at the Virgin Megastore, Time Square, NYC signing her latest CD entitled "The Queen is in th e Court".
2. Rene' and House Music Diva Liz Torres at the shelter, NYC.
3.Stevie Wonder demonstrates the Product of the Year from Microsoft Corp. at the Stevie Wonder Awards Program at the Plaza Hotel, NYC.
4. La Bouche live performance from their new CD "S.O.S."
5. Sinbad and Gregory Hines both gave special presentations as "AppleMasters" at the MACWORLD Expo, Jacob Javits Convention Center, NYC.

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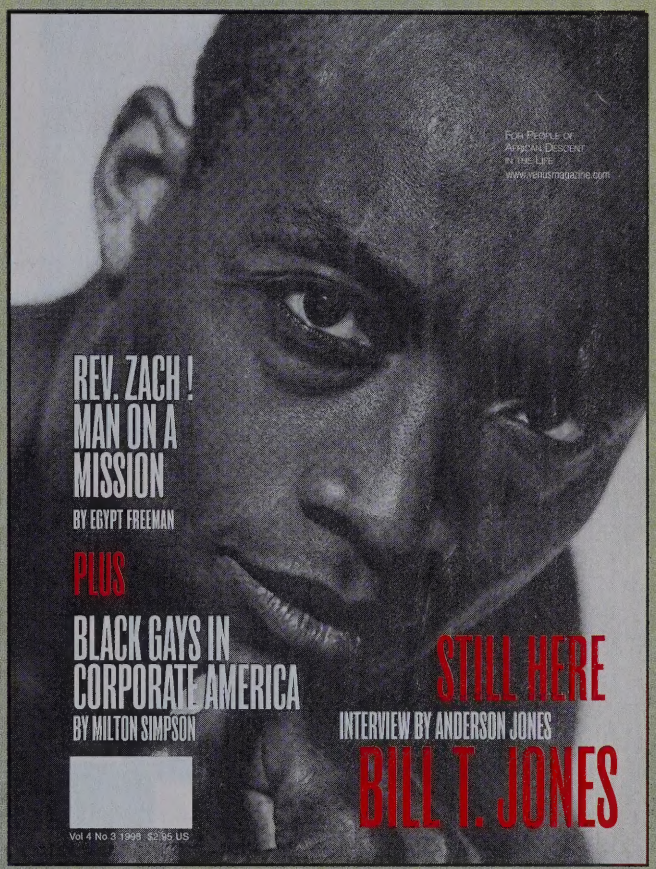
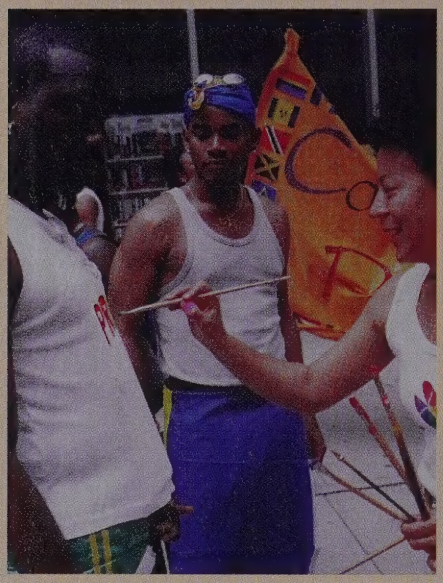
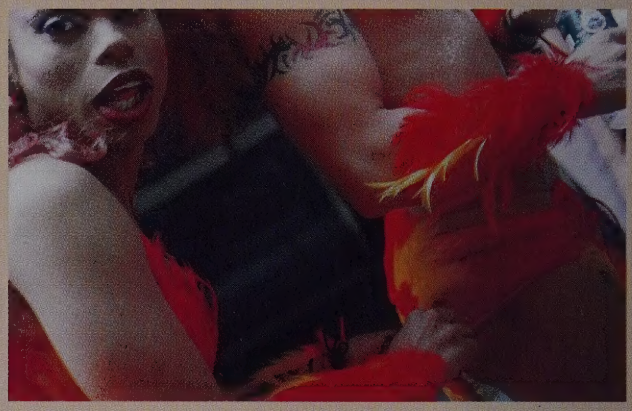
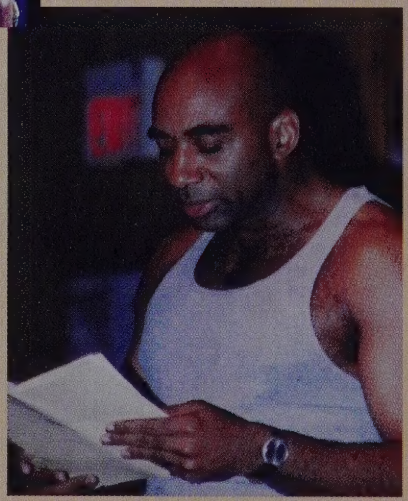


OUT & ABOUT

Flash Backs of New York City's Pride Parade
1-4, photos by Jeanna Gale







Unchanged Fire! The brothers of ADODI Gifting the Universe at their annual retreat.
1-4, photos by Isreal Wright

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brothatalk

Changing the Station

by Anthony B. Knight, Jr.

We begin life with the world presenting itself to us as it is. Someone—our parents teachers, analysts—hypnotize us to see the world and construe it in the "right" way. These others label the world, attach names and give voices to the beings and events in it, so that therefore, we cannot read the world in any other language or hear it saying other things to us...The task is to break the hypnotic spell, so that we become undeaf, unblind and multilingual, thereby letting the world speak to us in new voices and write all it's possible meanings in the book of our existence.
—Sidney Jourard

During my relatively short stay here on this planet, I have often returned to the above epigraph—as it never fails to give courage to a soul that will occasionally wax and wane between strength and weakness, self-determination and self-effacement, pride and loathing, active resistance and resignation. However, I recently managed to collect the gifts my soul brought from afar as its eternal waters swelled and deposited them on the shores of this life. I summoned the strength to fight back.

On April 21, 1998, I sent a two-page letter to Mr. Tom Joyner, host and owner of 'The Tom Joyner Morning Show'—a morning radio show that airs in ninety-five cities in the United States. In the letter I expressed my dissatisfaction with the show's character Melvin (a stereotypical gay African American male.). True to form, Melvin is a hairdresser, talks with the unmistakable "Flaming Queen" drawl and vocabulary, and is (as many Flames are) the brunt of the other crew members' jokes—and ultimately, their homophobia.

I cautioned Mr. Joyner that although there are surely gay African American males who embody the characteristics portrayed by Melvin, it was probably not in the best interest of the larger African American community, and certainly not in the interest of other gay Black men, to use a character like Melvin. My reasons were simple. First of all, Melvin's character does not represent the majority of gay Black men. Secondly, it is this character who contributes significantly to the heterosexual Black community's misguided thinking about Black homosexuality (we are all Flaming Queens waiting to seduce a husband, boyfriend or brother).

And thirdly, this character suffers the most—as he is often 'accepted' because of his unabashed openness. You know, he is so real and funny. Straight women can talk to him about anything (even their boyfriends and husbands) and straight and/ or deep-in-the-closet-brothers can immediately dismiss him or use him for his body without running the risk of having to identify with or becoming emotionally attached to a 'sissy'. In the end, however, the Flame remains an exploited support system—seldom gaining for himself the real intimacy and love that we all need and for which we all look.

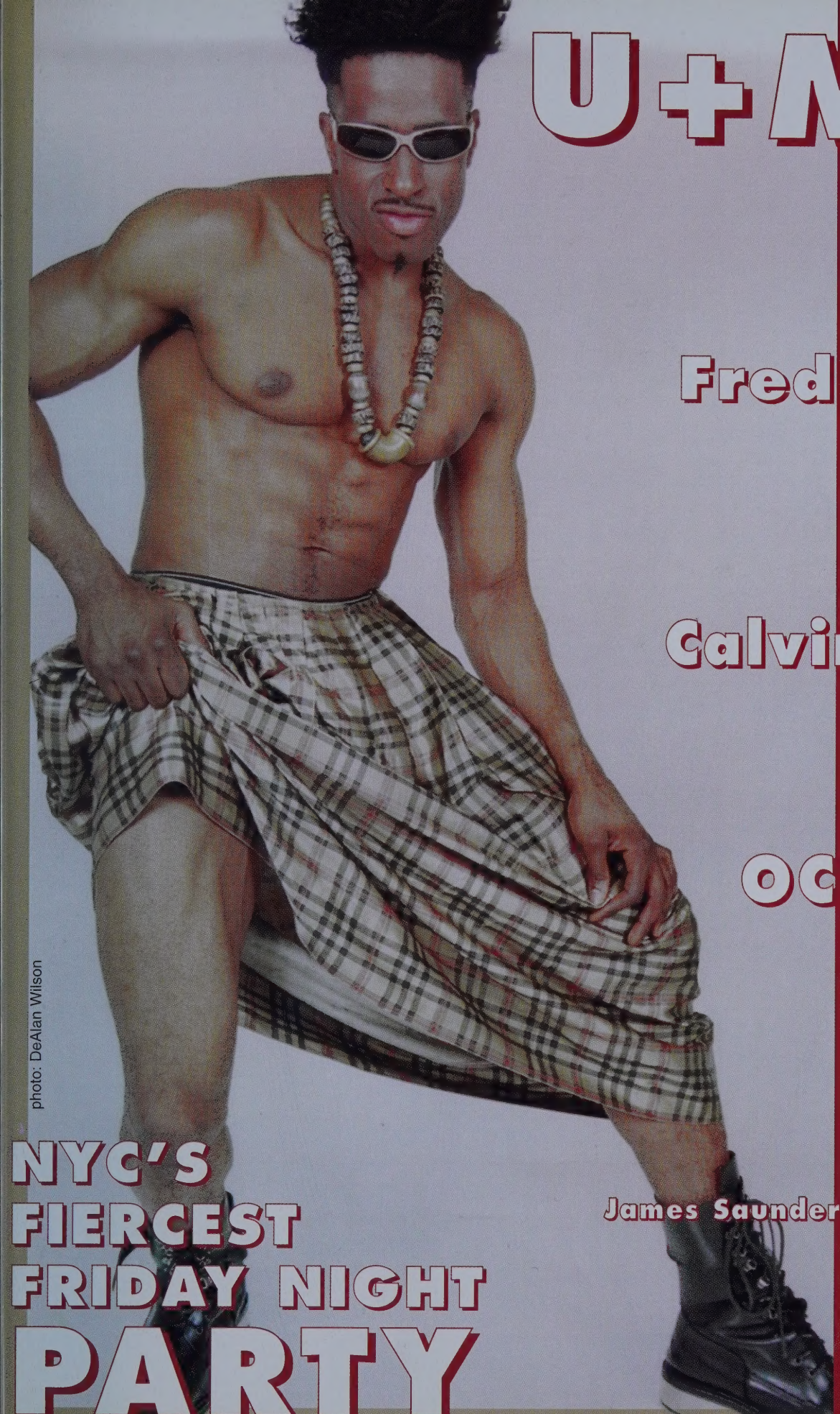
Toward the end of the letter, I asked Mr. Joyner how he thought Black America might respond to a predominantly white listener-based radio station hosting a segment called Little Sambo's Corner. Sambo would portray characteristics not like those of the majority of African Americans in the U.S. (though, certainly a number of the characteristics would be embodied by some) and ones that are also perceived as negative. I asked Mr. Joyner if most Blacks would understand the obvious and or cutting-edge humor in such a segment. There was no response.

In fact, Mr. Joyner's reply to my letter was the following:

Anthony,
Got your letter. I hope that you find enough good about the show to continue being a listener.

We appreciate you.
Tom Joyner

Needless to say, I am no longer a listener. My dear brothers and sisters, it is time , I believe, to take up arms (pens, pencils, crayons, laptops, etc.) and to let those so-called brothers and sisters who misrepresent and vilify us know that we are not going to allow their coffers to grow at our expense, for many of these individuals will smile in your face and call you a faggot or dyke (or worse) behind your back. And while we certainly cannot prevent all such situations from happening, we can greatly contribute to helping to decrease the number of incidents. WE have to become undeaf, unblind,and multilingual. WE have to break the hypnotic spell that keeps us inert. WE have to write the many meanings of our Black gay experiences in the book of our existence.



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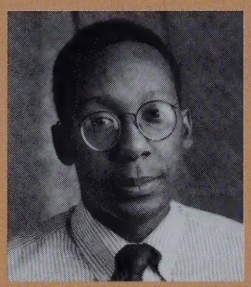
Introducing:

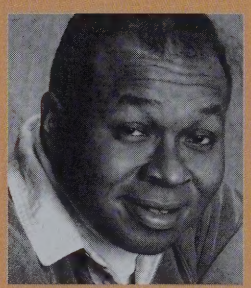
The Venus *Healthy* Living *Pocket Guide*

"Each of us must be committed to drinking less, exercising more, eating better and having healthy, loving relationships built by honest conversation and safer sex."



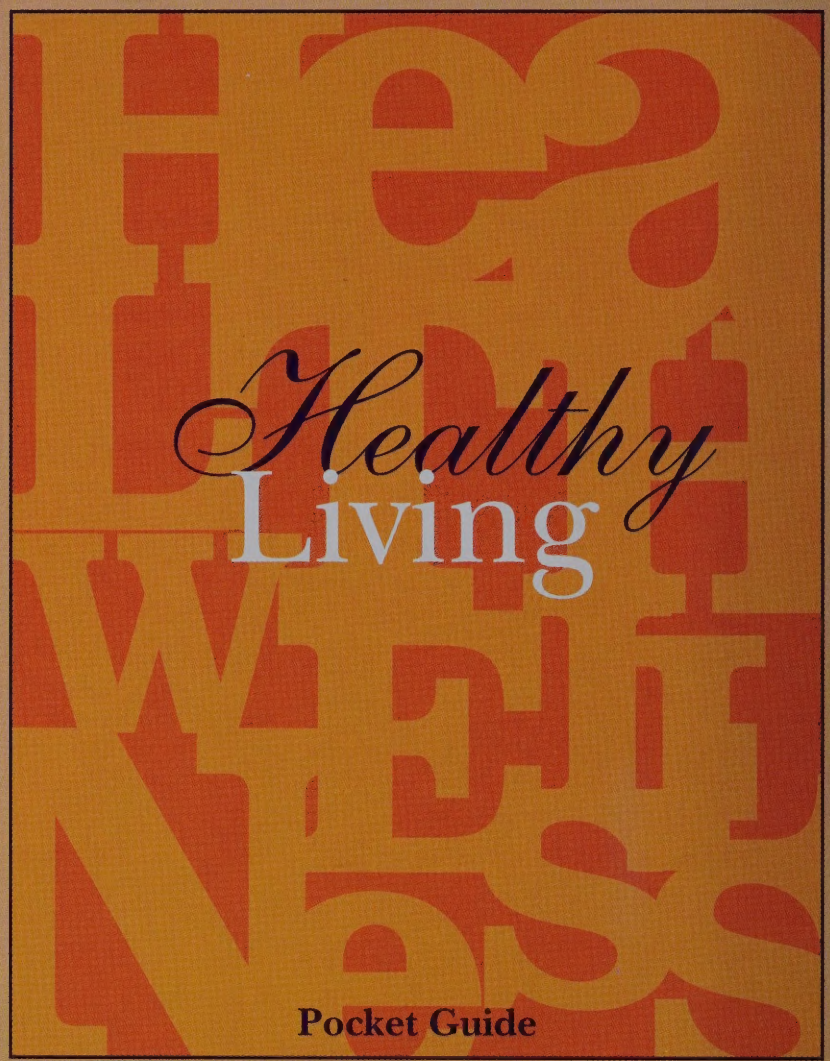
A. Cornelius Baker
National Association of People with AIDS

"This Guide is making it plain, breaking it down and helping us to see ourselves living well."



Steve Wakefield
Health Editor of Venus Magazine

Also announcing the *1998 Healthy* Living *Community Awards* winners



Share our commitment to good health with the new Venus Healthy Living Pocket Guide. African-Americans of all lifestyles will discover how they can learn more about HIV/AIDS treatment information, breast & cervical cancer, heart health, hepatitis and depression. Also learn how to contact organizations and individuals who can help you get involved in improving your health.

For Your Free Copy Call *914 376 6161*

The Venus Healthy Living Pocket Guide is provided free of charge by a grant from Bristol-Myers Squibb Co., a leader in the commitment to the health of our communities.

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Living

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FOR PEOPLE OF AFRICAN DESCENT IN THE LIFE
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SPECIAL 5TH ANNIVERSARY ISSUE!

BLACK and BLUE
OUR DOMESTIC VIOLENCE DILEMMA
BY ULESTER DOUGLAS

EX-GAY MINISTRIES: A BALD-FACED LIE!
BY WAYNE BESEN

PLUS!
DUTCH CHOCOLATE: A TASTE OF BLACK GAY LIFE IN AMSTERDAM
BY ROSALIND LLOYD

10 EASY STEPS TO RE-ENERGIZE YOUR LIFE!
BY STEVEN FULLWOOD

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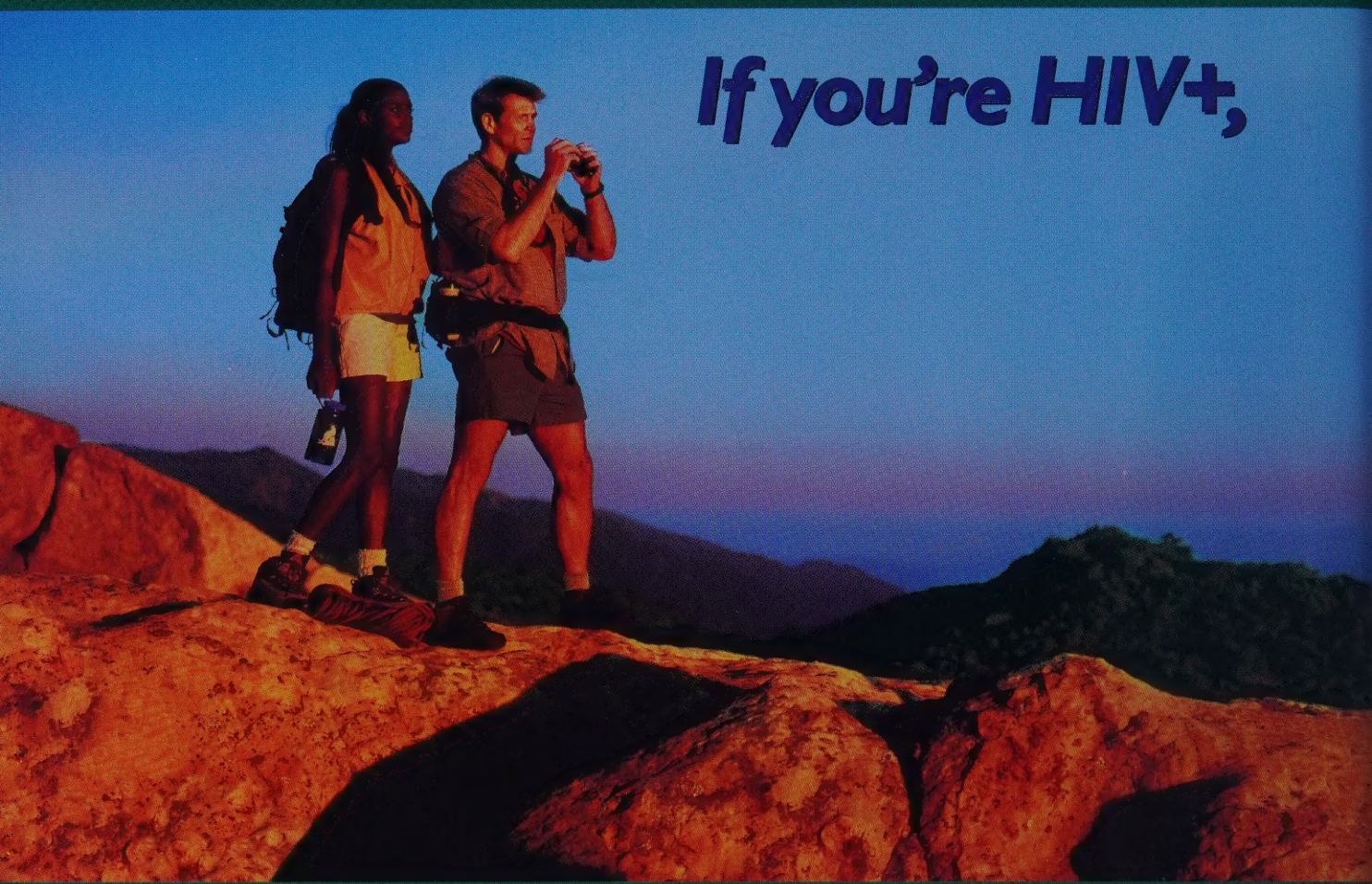

If you're HIV+,

Being HIV+ isn't easy.

It's a daily challenge that can take all you've got. It helps to have an advantage – to lighten your load and keep you going. Federal healthcare guidelines now call for including a potent protease inhibitor as part of combination treatments to fight HIV. Consider these reasons to make the protease inhibitor CRIXIVAN the foundation of your treatment regimen.

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce the chance of illnesses and death associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Some patients may not experience these effects. CRIXIVAN is not a cure for HIV or AIDS.

New NIH research showed people taking CRIXIVAN in triple therapy lived longer and experienced fewer opportunistic infections.

Recent year-long research conducted by the National Institutes of Health (Protocol ACTG 320) studied over 1,000 patients and confirmed results from another study.

The group of patients receiving CRIXIVAN along with 3TC and AZT achieved a reduction in deaths and AIDS-defining illnesses over those taking 3TC and AZT alone. This reduction was significant enough for the NIH to recommend the study be stopped, so that all participants could benefit from the findings. Because the study was ended early, there was insufficient data to determine the statistical impact of CRIXIVAN on survival.

CRIXIVAN in triple therapy continues to hold serum viral load down below the limit of detection at the one year mark.

In a separate, ongoing landmark study, over 90% of the 31 patients receiving CRIXIVAN, AZT, and 3TC reduced their HIV serum viral load below the limit of detection after 24 weeks (as measured by available tests; the virus may still be present in other organ systems).

Importantly, the limited number of patients who chose to stay with the study for longer periods of time maintained these results through the one year mark.

CRIXIVAN is generally well tolerated.

CRIXIVAN can be taken with a light meal or on an empty stomach. There are side effects associated with protease inhibitors in general and CRIXIVAN in particular. Some patients treated with CRIXIVAN may develop kidney stones. For some, this can lead to more severe kidney problems including kidney failure. Drinking at least 6 glasses of water each day may help reduce the chance of forming a kidney stone. Other side effects reported include rapid breakdown of red blood cells and liver problems. There are some common medications and AIDS-related medications you should not take with CRIXIVAN. Discuss all medications you are taking or plan to take with your doctor.

As with other protease inhibitors, increased bleeding in some patients with hemophilia and increased blood sugar levels or diabetes have been reported. Please read the following page for detailed information on side effects and dosing.

CRIXIVAN may help you live a longer, healthier life.

CRIXIVAN is the number one choice of doctors.*

CRIXIVAN is prescribed for more patients than any other protease inhibitor. With this commitment to CRIXIVAN comes a commitment to product improvements and further research in the battle against HIV. CRIXIVAN is being studied in a broad range of patients and in many different combinations. Ask your doctor for the latest news and developments.

* IMS America; 3/96 - 2/98.

Focus on the rest of your life.

Learn all you can about HIV therapy. Talk with your doctor. Stay informed and stay the course. With viral load below the limit of detection and an increase in CD4 T-cells, it's easier to look forward to the future with confidence.

Please read the following page for more detailed information about CRIXIVAN.

Remember to ask your doctor about CRIXIVAN.

CRIXIVAN®
(indinavir sulfate)
Capsules

Going the distance.

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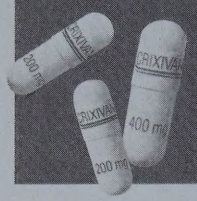

CRIXIVAN®
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Capsules

Patient Information about CRIXIVAN* (KRIK-sih-van)

for HIV (Human Immunodeficiency Virus) Infection
Generic name: indinavir (in-DIH-nuh-veer) sulfate

Please read this information before you start taking CRIXIVAN. Also, you should read the information included with CRIXIVAN each time you receive your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss CRIXIVAN when you start taking your medication and at regular checkups. You should remain under a doctor's care when using CRIXIVAN and should not change or stop treatment without first talking with your doctor.

What is CRIXIVAN?

CRIXIVAN is an oral capsule used for the treatment of HIV (Human Immunodeficiency Virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome). CRIXIVAN is a type of HIV drug called a protease (PRO-tee-ase) inhibitor.

How does CRIXIVAN work?

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce your chances of getting illnesses associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. CRIXIVAN may not have these effects in all patients.

CRIXIVAN is usually prescribed with other anti-HIV drugs such as ZDV (also called AZT), 3TC, ddI, ddC, or d4T. CRIXIVAN works differently from these other anti-HIV drugs. Talk with your doctor about how you should take CRIXIVAN.

CRIXIVAN has been studied in adults. The safety and effectiveness of CRIXIVAN in children and adolescents have not been established.

How should I take CRIXIVAN?

There are six important things you must do to help you benefit from CRIXIVAN:

1. **Take CRIXIVAN capsules every day as prescribed by your doctor.** Continue taking CRIXIVAN unless your doctor tells you to stop. Take the exact amount of CRIXIVAN that your doctor tells you to take, right from the very start. To help make sure you will benefit from CRIXIVAN, you must not skip doses or take "drug holidays." If you don't take CRIXIVAN as prescribed, the activity of CRIXIVAN may be reduced (due to resistance).
2. **Take CRIXIVAN capsules every 8 hours around the clock, *every day.*** It may be easier to remember to take CRIXIVAN if you take it at the same time every day. If you have questions about when to take CRIXIVAN, your doctor or health care provider can help you decide what schedule works for you.
3. **If you miss a dose by more than 2 hours, wait and then take the next dose at the regularly scheduled time.** However, if you miss a dose by less than 2 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of CRIXIVAN at any one time.
4. **Take CRIXIVAN with water.** You can also take CRIXIVAN with other beverages such as skim or non-fat milk, juice, coffee, or tea.
5. **Ideally, take each dose of CRIXIVAN without food but with water at least one hour before or two hours after a meal.** Or you can take CRIXIVAN with a light meal. Examples of light meals include:
   - dry toast with jelly, juice, and coffee (with skim or non-fat milk and sugar if you want)
   - corn flakes with skim or non-fat milk and sugar

   Do not take CRIXIVAN at the same time as any meals that are high in calories, fat, and protein (for example — a bacon and egg breakfast). When taken at the same time as CRIXIVAN, these foods can interfere with CRIXIVAN being absorbed into your bloodstream and may lessen its effect.
6. **It is critical that you drink at least six 8-ounce glasses of liquid (preferably water) throughout the day, every day. CRIXIVAN can cause kidney stones.** Having enough fluids in your body should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Does CRIXIVAN cure HIV or AIDS?

CRIXIVAN is not a cure for HIV or AIDS. People taking CRIXIVAN may still develop infections or other conditions associated with HIV. Because of this, it is very important for you to remain under the care of a doctor. Although CRIXIVAN is not a cure for HIV or AIDS, CRIXIVAN can help reduce your chances of getting illnesses, including death, associated with HIV. CRIXIVAN may not have these effects in all patients.

Does CRIXIVAN reduce the risk of passing HIV to others?

CRIXIVAN has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take CRIXIVAN?

Do not take CRIXIVAN if you have had a serious allergic reaction to CRIXIVAN or any of its components.

What other medical problems or conditions should I discuss with my doctor?

Talk to your doctor if:

- You are pregnant or if you become pregnant while you are taking CRIXIVAN. We do not yet know how CRIXIVAN affects pregnant women or their developing babies.
- You are breast-feeding. You should stop breast-feeding if you are taking CRIXIVAN.

Also talk to your doctor if you have:

- Problems with your liver, especially if you have mild or moderate liver disease caused by cirrhosis.
- Problems with your kidneys.
- Diabetes
- Hemophilia

Tell your doctor about any medicines you are taking or plan to take, including non-prescription medicines.

Can CRIXIVAN be taken with other medications?**

Drugs you should not take with CRIXIVAN:

SELDANE® (terfenadine)	HISMANAL® (astemizole)
VERSED® (midazolam)	HALCION® (triazolam)
PROPULSID® (cisapride)	Ergot medications (e.g., Wigraine® and Cafergot®)

Taking CRIXIVAN with the above medications could result in serious or life-threatening problems (such as irregular heartbeat or excessive sleepiness).

In addition, you should not take CRIXIVAN with rifampin, known as RIFADIN®, RIFAMATE®, RIFATER®, or RIMACTANE®.

Drugs you can take with CRIXIVAN include:

RETROVIR® (zidovudine, ZDV also called AZT)	BIAXIN® (clarithromycin)
TAGAMET® (cimetidine)	isoniazid (INH)
DIFLUCAN® (fluconazole)	ORTHO-NOVUM 1/35® (oral contraceptive)
EPIVIR™ (lamivudine, 3TC)	ZERIT® (stavudine, d4T)

BACTRIM®/SEPTRA® (trimethoprim/sulfamethoxazole)

VIDEX® (didanosine, ddI) — If you take CRIXIVAN with VIDEX®, take them at least one hour apart.

MYCOBUTIN® (rifabutin) — If you take CRIXIVAN with MYCOBUTIN®, your doctor may adjust both the dose of MYCOBUTIN and the dose of CRIXVAN.

NIZORAL® (ketoconazole) — If you take CRIXIVAN with NIZORAL®, your doctor may adjust the dose of CRIXIVAN.

Talk to your doctor about any medications you are taking.

What are the possible side effects of CRIXIVAN?

Like all prescription drugs, CRIXIVAN can cause side effects. The following is **not** a complete list of side effects reported with CRIXIVAN when taken either alone or with other anti-HIV drugs. Do not rely on this page alone for information about side effects. Your doctor can discuss with you a more complete list of side effects.

Some patients treated with CRIXIVAN developed kidney stones. In some of these patients this led to more severe kidney problems, including kidney failure or inflammation of the kidneys. Drinking at least six 8-ounce glasses of liquid (preferably water) each day should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Some patients treated with CRIXIVAN have had rapid breakdown of red blood cells (hemolytic anemia) which in some cases was severe or resulted in death.

Some patients treated with CRIXIVAN have had liver problems including liver failure and death. Some patients had other illnesses or were taking other drugs. It is uncertain if CRIXIVAN caused these liver problems.

Diabetes and high blood sugar (hyperglycemia) have occurred in patients taking protease inhibitors. In some of these patients, this led to ketoacidosis, a serious condition caused by poorly controlled blood sugar. Some patients had diabetes before starting protease inhibitors, others did not. Some patients required adjustments to their diabetes medication. Others needed new diabetes medication.

In some patients with hemophilia, increased bleeding has been reported.

Clinical Studies

Increases in bilirubin (one laboratory test of liver function) have been reported in approximately 10% of patients. Usually, this finding has not been associated with liver problems. However, on rare occasions, a person may develop yellowing of the skin and/or eyes.

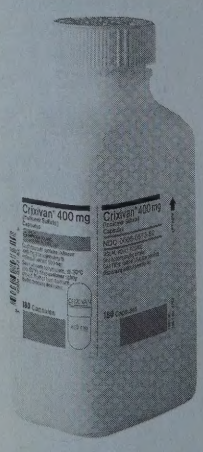
Side effects occurring in 2% or more of patients included: abdominal pain, fatigue or weakness, flank pain, feeling unwell, nausea, diarrhea, vomiting, acid regurgitation, loss of appetite, dry mouth, back pain, headache, trouble sleeping, dizziness, taste changes, rash, upper respiratory infection, dry skin, and sore throat.

Swollen kidneys due to blocked urine flow occurred rarely.

Marketing Experience

Other side effects reported since CRIXIVAN has been marketed include: abdominal swelling; inflammation of the kidneys; increased fat appearing in areas such as the neck, abdomen, and back; change in skin color; severe skin reactions; hair loss; crystals in the urine; and allergic reactions.

Tell your doctor promptly about these or any other unusual symptoms. If the condition persists or worsens, seek medical attention.



How should I store CRIXIVAN capsules?

- Keep CRIXIVAN capsules in the bottle they came in and at room temperature (59°F-86°F).
- Keep CRIXIVAN capsules dry by leaving the small desiccant "pillow" in the bottle. Keep the bottle closed.

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep CRIXIVAN and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.

This provides a summary of information about CRIXIVAN. If you have any questions or concerns about either CRIXIVAN or HIV, talk to your doctor.

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Capsules

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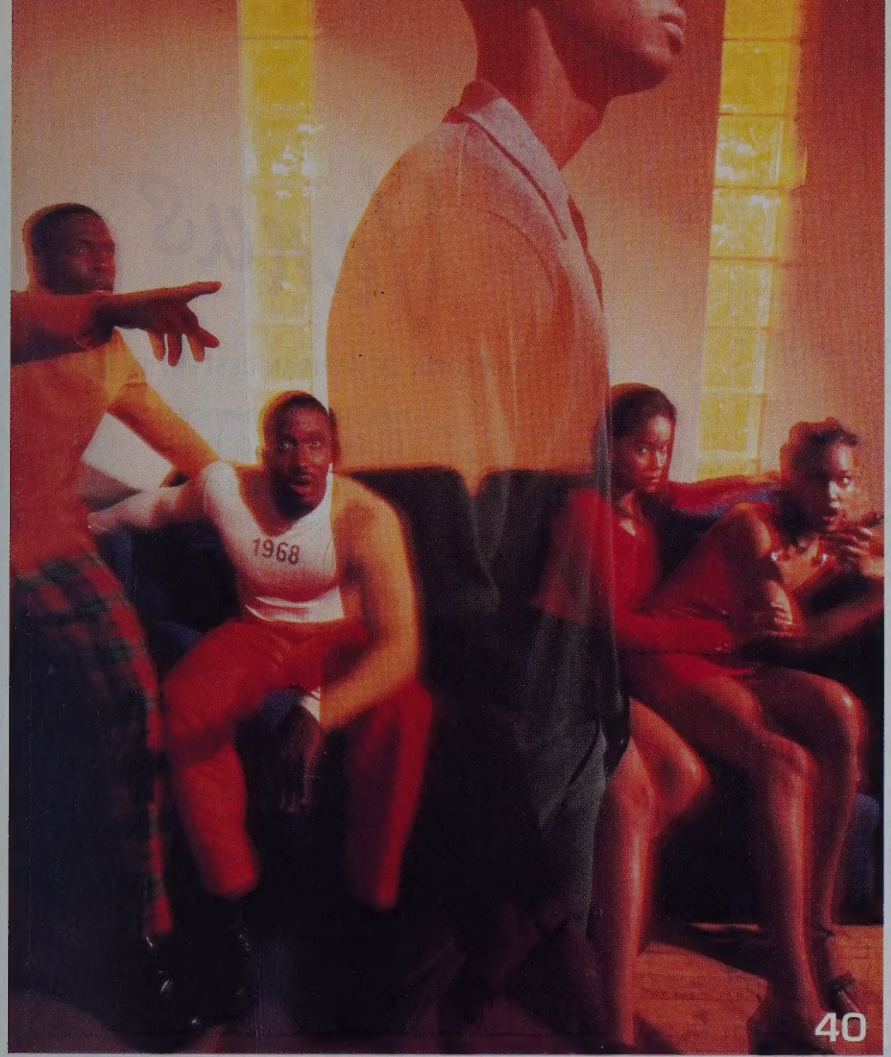

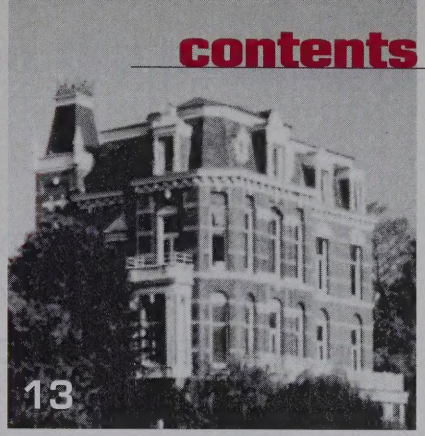

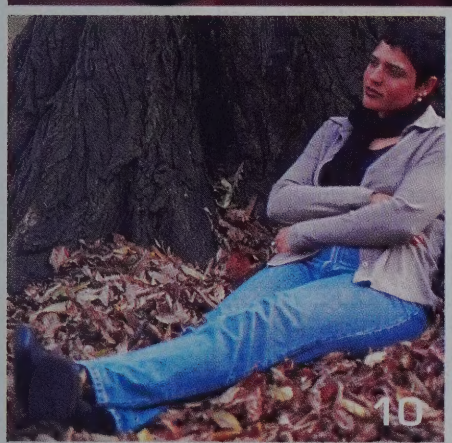

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"VENUS IS JUST WHAT WE NEED TO KEEP OUR DIVERSE COMMUNITY CONNECTED. KEEP UP THE GOOD WORK."

REJOICE!

My soul rejoiced while reading the article about Rev. Zach entitled, "Man on a Mission!" It brought great joy to me (a black, gay, Charismatic, Pentecostal minister) to know that such a ministry exists and is being effective (and accepted) in the African American community. Thanks so much for printing the article. There are those in our community who cannot identify with the music, worship and style of preaching teaching found in most MCC churches. They either leave church altogether, remain where they are and get "preached at or about," are "verbally" berated and abused (by traditional preachers) or attend other gay and lesbian congregations where there is acceptance but the worship is not fully satisfying. Unity Fellowship can be an answer for many. I trust that being aware of the ministry of Unity Fellowship will bring hope to many. God Bless and continued success in the future.

Rev. Lonnie Parks
Dallas, Texas

OUT ON THE JOB

I really think the last issue of Venus [Vol.4 No. 3] was phenomenal! I usually enjoy each issue but this time I even it took it to work to share with my co-workers. Although most of them are straight, I almost didn't get my copy back. The article "Black Gays in Corporate America" helped to settle an office water-cooler wager about how willing we [black gay men] are to be 'out' on the job. Most people in my office believed that there were no 'out' black gay men in upper management for obvious reason, and they also believed that I was a little crazy for coming out at such a critical stage in my career but you've proven them all wrong in writing with photos! I love it!!

Harold Dixon
Albany, NY

COVER TO COVER

It's rare that I pick up any publication and just read it cover to cover. I must say however, that this is my usual pattern with *Venus*. Your most recent edition "Black Gays In Corporate America" with Bill T. Jones on the cover (Vol.4 No.3, 1998) was no exception.

I found myself reading article after article from "Rev. Zach" to "Fem and Fit" to all of the side bars on the excellent "Black Gays In Corporate America" series. Although saddened by her story, I was pleased to see the writing from an e-mail acquaintance Martina Downey.

Venus is just what we need to keep our diverse community connected.

Please keep up the good work

Chuck Tarver
<nero@udel.edu>
www.blackstripe.com

Venus™

FOR PEOPLE OF AFRICAN DESCENT IN THE LIFE

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Several of my Atlanta buddies got a real belly-roll laugh when I sent them all an 'autographed copy' of the very first issue of Venus. Knowing them as I do, I'm pretty sure the phone chatter probably went something like...

"...She's not *really* going to try to do this is...IS she?"

"Well, you know Miss Thing is likely to pull it off!"

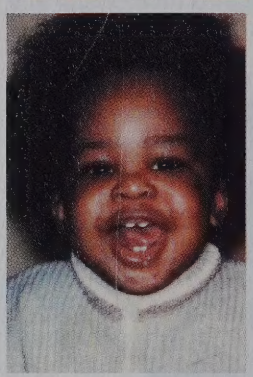
I had gained a reputation in the local BLGT community for getting things done, but a publishing a magazine? Many folks simply concluded that I had lost my mind! Looking back I can accurately report that I most certainly had!! This has been the most challenging and anxiety producing undertaking I have ever loved!

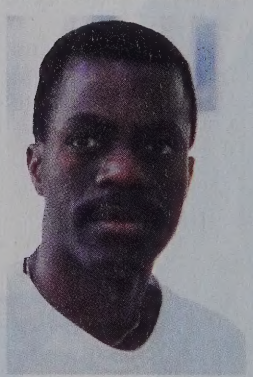
With the help of a handful of very special people who were just as crazy as I was to believe that Venus could thrive and grow, we stepped out on faith. And thanks to you, our loyal readers and subscribers, we're the fastest growing Gay publication in the USA! Indeed, we have come a long way. We've adjusted to set-backs, market trends, and nearly every kind of crisis and we're still growing strong!

Most importantly, we've kept our promises. We promised you a slicker, thicker, and irresistibly colorful magazine stuffed full of things that are either good for you or good to you. Now, we're thrilled to introduce several fresh new writers and departments. Experience wild adventure through the eyes of our hot new Travel Diva. Never be afraid to ask our Sex therapist whatever's on your mind. Surf ahead of the pack with expert cyber-advise and take notes on the Do's and Don'ts of home decorating, entertaining, and shopping with style-as ONLY a Black gay man can deliver!

If you still have the first issue of Venus laying around somewhere, it's not hard to see how much we've progressed. We had no doubt that we'd make it to this point and beyond. I was certain of that on the very day I signed those few copies for my friends.

Charlene Cothran,
Publisher/Editor-in-Chief





Crystal Weston is Client Services Director at the African American AIDS Support Services and Survival Institute (AMASSI) in Oakland, the non-profit that spearheaded the drive to encourage the formal declaration AIDS in African communities as a State of Emergency. She served as the nation's first fulltime Same-Sex/Transgender Advocate at the Family Violence Project of the San Francisco District Attorney's Office. Ms. Weston has a long record of activism, including involvement in the pro-affirmative action campaign, speaking extensively on a variety of human rights and other public policy issues. She is also a former co-chair of Lavender Light: The Black and People of All Colors Lesbian and Gay Gospel Choir and a member of Umoja Strategy Group—a grassroots effort to critique notions of diversity in African communities.

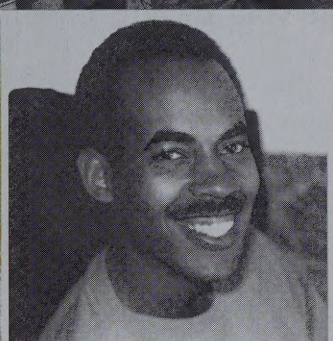
Ernest Montgomery joins Venus magazine as our new style editor. Taking a break from his life as a photo-agent, he says, "I'd like to give the Venus readers something new and fresh from the fashion world—new designers with creative ideas. We can all get our fashion fix from the big books at Condé Nast, but I think it's time to look a little further." After three years of freelance life at Condé Nast Publishing, Ernest moved on to the agent side of the world. Merging his photography, publishing, and fashion backgrounds for Venus Magazine will definitely be something to look for.

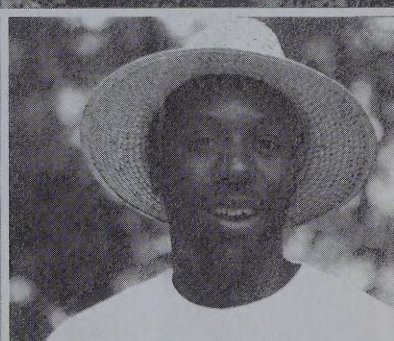
Ulester Douglas is Co-Executive Director of Men Stopping Violence, an Atlanta based social change and advocacy organization. In addition to his private counseling practice, he is co-founder of the Rainbow Project which monitors violence in Same-Gender-Loving Communities in Atlanta. He is an active member of Second Sunday Discussion Group (for Black gay men). Ulester is also one of the founding writers for the premier issues of *Venus*.

Rosalind Christine Lloyd has traveled extensively–her itinerary includes Africa, Asia, Europe, Latin America, Canada and the Caribbean. Discovering a gay personality in the places she travels has been a interesting challenge. She would like to make travel, both international and otherwise, a more attractive alternative for gay/lesbian/transgendered people of color. Rosalind has been writing contemporary lesbian fiction and erotica for over ten years, her work appearing in various publications.

Thank You!! 5 years and going strong!

If you hadn't been there, we wouldn't be here!





BY STEVEN G. FULLWOOD

rejuvenation: essential to life

These are just a few ways to rejuvenate and connect with the people and world around you. Feel free to create your own re-energizing rituals.

Most often we think when we're out of breath at the top of the stairs or have a hard time getting to sleep, or waking up tired, that it's the result of not getting proper exercise or not eating properly. Although this could be the case, it also sounds like you could benefit from a spiritual and mental rejuvenation. When you take the time to relax, reaffirm your spirit and feed your body nutritious foods, you're giving yourself that crucial time needed to prepare for the next day of hustle and bustle. Here are some tools which can help you integrate rejuvenation into your life. Try some of the activities. Discover what works for you. But most of all, be open to new things that you've never tried. Many of these activities are free, and only require doing. Enjoy!

ALL PHOTOS BY ERNEST MONTGOMERY

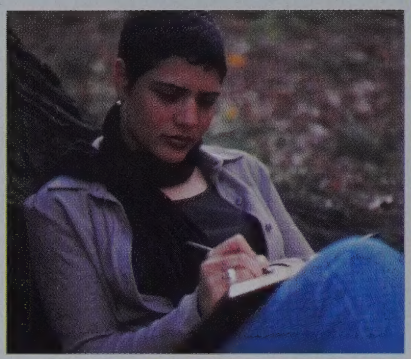
Affirmations: Writing and reciting positive affirmations provides you with spiritual, physical and mental energy. If you have poor self-esteem (and many of us do), positive affirmations are very effective in changing self-denigrating behavior. Affirmations can help you change the way you feel about yourself. You can write affirmations down at the beginning of the day and repeat them in your head throughout the day. Louise Hay, author of "You Can Heal Your Life", says each thought you have affects your life. Hay believes that the root of all problems comes from not loving one's self enough. She recommends the following affirmations: "I love and accept myself," "I am safe," and a very important one "I am open and receptive to all the good and abundance in the Universe." Use these affirmations, and/or make up your own.

Eat healthy: Eating a good nourishing breakfast in the morning can help you get off to a great start. Even if it's an apple, orange, a bowl of oatmeal, or any other healthy food, starting your day with energy can make all the difference. The key to healthy living is prevention. Eating right and drinking plenty of water rejuvenates the body, helps to keep you feeling good and running smoothly.

Breathe: Take the time to breathe deeply. Oxygen nourishes us. It's important to breathe deeply when we're upset, when we get scared or nervous, and most importantly when relaxing. Breathing deeply helps you to gain clarity and composure. Breathing correctly helps you get the most out of your life.

Be grateful: Tell people throughout the day how much you appreciate them. Always be thankful for the things people do for you, and everything in your life. You woke up this morning. You have a job, etc. You know what you have. Be thankful.

Remember your Ancestors: They came before you and did all sorts of things to survive. You're here because they came first and made it easier for you. Remembering them helps you keep your life accomplishments and challenges in perspective.



REJUVENATE YOURSELF...

• The Body Shop's Mango-scented body massage oil • Kiehl's Ultimate Men's After Shave All Day Moisturizer • Oatmeal Facial Scrub • Cabot's Chamomile and Jasmine Anti-Stress Bath Tea • Chawton's Fresh Feet Aromatherapy Lotion • Kiehl's Lavender Foaming-Relaxing Bath • Twining's Earl Grey Tea; and Pocono Candle • Factory's Plum and Peach Votive Candles

Smile a lot: Laugh! Say hello to a tree. Hug it, if so moved. Greet everyone with a smile. Take the stairs at work instead of the elevator. Say "I love _____" a lot.

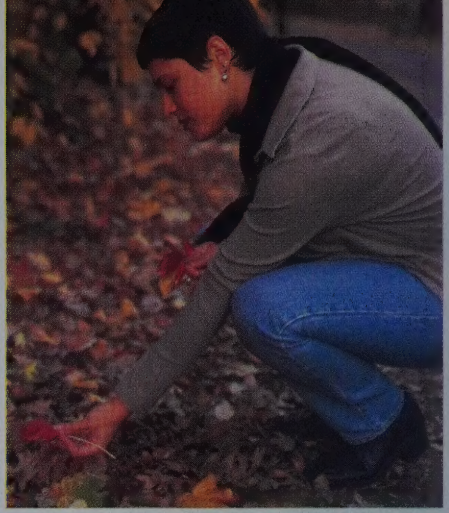
DAILY

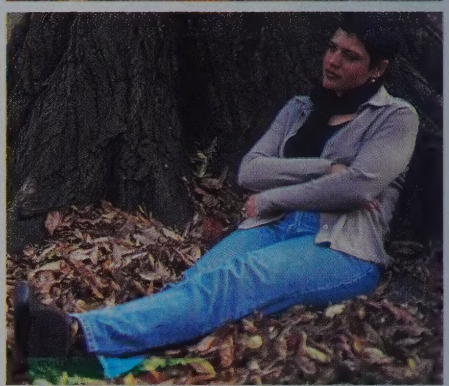
Listen to music. Light candles while you read or relax. Stretch your muscles every single day. Consider exercising lightly in the morning (pushups, situps). Play with your children. Listen to what they say.

Play with your pets. Meditate in the morning or at night. Keep a journal of your thoughts, aspirations and pains.

WEEKLY

Engage a full workout! Aerobics for thirty minutes, weight training, etc. Develop your own routine! Call or visit a





friend who isn't doing so well. Try something new for breakfast, lunch or dinner! See a movie. Go to the park. Have a family night! Take a nice relaxing bath.

MONTHLY

Read a book on something you know nothing about! Go to a sporting event or participate in one! Go to a concert. Get a full body massage. Cultivate a garden. Get a new haircut or hairstyle. Get a manicure or pedicure or both! Write a story you've always wanted to read. Trace your family's genealogy. Take an elderly person to lunch.

Put together a scrapbook of photos, art, current events, etc. Buy yourself a present! Try a variety of foods with you each time!

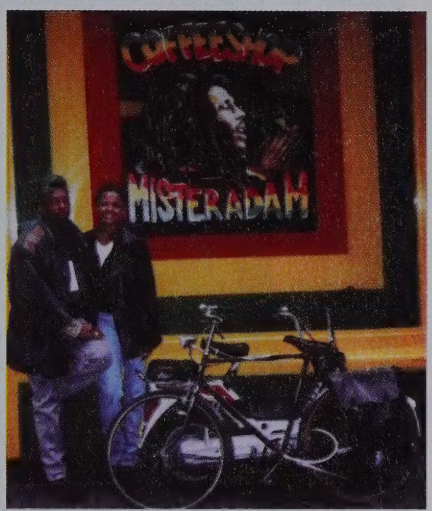
YEARLY

Travel! Take a cruise. Visit family and friends!

Learn a new language. Host a party! Visit the gravesite of someone you love. Celebrate the seasons! Make up your own holiday! Take dance classes!

Most importantly, make rejuvenating an indispensable part of your life, and strive to love life and live life to the fullest! For recommended readings check our web site at www.venusmagazine.com.

Steven G. Fullwood



ROSALIND CHRISTINE LLOYD

Dutch Chocolate:
A Taste of Black Gay Life in Amsterdam

Looking to vacation in a European destination with not only a thriving Black population but a warm, culturally invigorating society of tantalizingly fine Black Lesbians and Gays? Try Amsterdam!

All of the stereotypes you've heard about Amsterdam are true–windmill dotted countrysides, tulips everywhere, Heineken for days-but there is more...

DUTCH CULTURE

Mansions with spectacular architectural detail line the series of canals that extend through out the city. If you do art museums, there are plenty of Rembrandt and Van Gogh to get into-the typical European classics. Dutch food is very bland unless you sample cuisine by immigrants from former Dutch colonies like Suriname (more about this special place later), Indonesia, India and China. The currency is the Dutch Guilder. The weather is a lot like London, wet and windy most of the time, frigid in the winter months, sticky in the summer.

A CULTURE OF VICES

If "blazing" is your thing, Amsterdam is a must. Coffee Houses are a big attraction here; I don't advise you ask for a cup of mocha latte. Indulging in cannibus is not illegal here and these "cafes" are designed exclusively for those who indulge. The Red Light District is crazy, window prostitution and brothels have permits from the city. The Sex Museum is enough to stimulate anyone's freaky curiosity. Run out of tatoo ideas? Visit the Tatoo museum for some inspiration.

QUEER CULTURE

Host of the 1998 Gay Games, Amsterdam has a history of tolerance for "family values" going as far back as 1811 when homosexuality was decriminalized. Domestic partnerships are recognized here and Gays are extended the same benefits as heterosexuals. In 1993 discrimination on the basis of sexual orientation in job hiring became illegal and the Dutch response to the AIDS crisis serves as a model to other nations.

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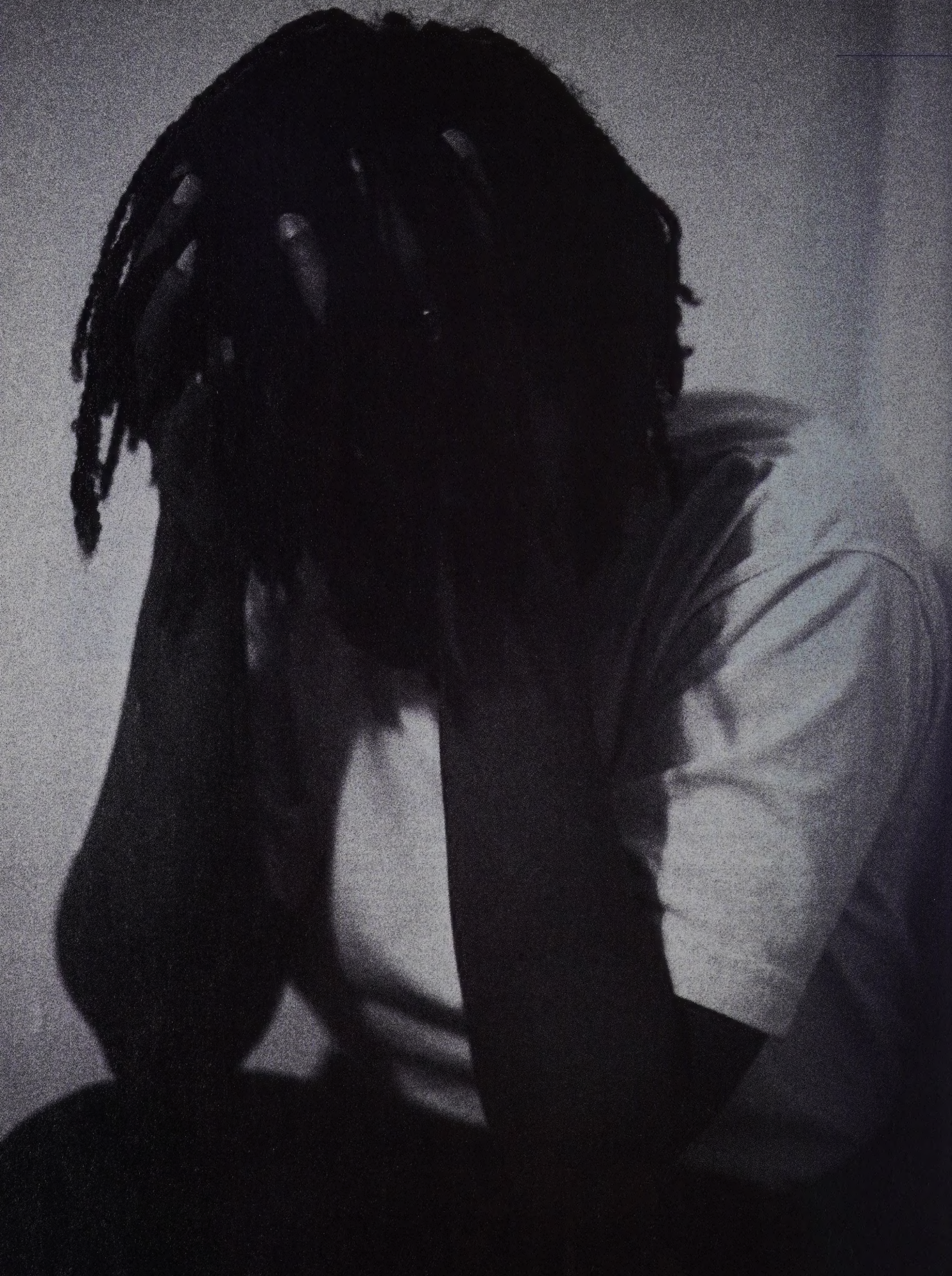


BLACK+BLUE: OUR DOMESTIC VIOLENCE DILEMMA

BY ULESTER V. DOUGLAS

As John* was telling me about the emotional and physical abuse James inflicted on him, I was reminded of a scene from James Earl Hardy's *B-Boy Blues*. In this scene, Raheim punched Mitchell in the face, sending him soaring over the coffee table. After Mitchell regained consciousness, he reflected on what had just happened:

"I've seen many an episode of Donahue with battered women and I always believed they were stupid: just how could they get themselves into such a situation? They had to see some sign before they got involved with him, before they got married. One day they wake up and he just comes out swinging? But I could identify with the helplessness and broken trust, now that I was in their position—or was I? Does it take just one hit? I was trying to make sense of it all and found myself doing exactly the same thing that many of those women did: I began rationalizing which excused the man's behavior. I had to share some of the blame; I provoked him. If I had just kept my mouth shut. I should have known he would react like that..."

Although this is fiction, I felt gratified that Mitchell's rationalization and self-blame lasted only a few minutes. Mitchell was able to recognize in a relatively short time that he was not to blame for Raheim's violent behavior, that he did not provoke him and that nothing justified being abused. Also, Mitchell had supportive friends who affirmed that Raheim was responsible for his own actions regardless of the circumstances.

This is not the case for John and thousands of other gay men who are being battered by their partners. Most victims believe that they are to blame for their partner's abusive actions, that they provoke him and deserve to be abused. This is because the batterer is extremely skilled at making the victim feel that way. One of his manipulative tactics is to isolate the victim from friends and family. He convinces the victim that friends and family are no good for him and are a threat to their relationship. In doing this, the batterer ensures that there is hardly anyone the victim could trust and talk to about what's going on.

Isolation contributes to a very low disclosure rate. Most gay men who are abused by their partner or ex-partner do not disclose that they are being abused. They calculate that it is safer to stay in this "second closet" and that the incentives for coming out are few to none.

There is hardly anything in the literature or media that validates the existence of gay male victims. Like Mitchell, when they look at the talk shows, they only see and hear about "stupid women" who stay in these relationships, "stupid women" who should have seen this coming. Where are the men? The men who are beaten daily for saying the "wrong" thing? The men who have to constantly walk on eggshells and do not feel comfortable in their own homes? The men who are forced to have unprotected sex with partners who sleep around? The men who live in fear that the next time they may be dead?

Sadly, the message is that men, certainly black men, are rarely victims, only perpetrators. This myth is perpetuated in the gay community. We do not hold batterers accountable for their actions. We buy into the myths that men should be able to defend themselves, that it's just a

continued on page 53

*some names are changed to protect privacy

BY WAYNE BESEN

ex-gay ministries- a bald faced lie

All of the shenanigans attributed to the ex-bald movement actually occurred in the so-called ex-gay ministries, from the bogus statistics to the distortion of scientific research.

It is morning once again, and as you rub your tired eyes and peer into the unforgiving bathroom mirror, the shiny reflection of your head is a painful reminder that you look just as much like Isaac Hayes as the day before.

Although your friends say you should learn to accept your baldness, you desperately want to change and have spent years pursuing the latest hair growth remedies to no avail. But today is your lucky day. While sipping the morning coffee, you pick-up a copy of a respected news magazine and a bold, splashy headline proclaims: BALD FOR LIFE? Underneath the headline, two smiling, bushy haired people, who look enthralled by their new hair-dos, claim to have been "cured" by a miracle hair tonic, combined with bible study.

Ecstatic, you excitedly turn the pages until you find the story about this new "miracle cure". But as you read on, your enthusiasm quickly begins to diminish. First, you find that the smiling Afro-Puffs on the cover-page are full-time, paid employees for a company marketing this product. Next, even the most fervent supporters claim that the success rate of this so-called panacea is a paltry 30%. What about the other 70%?

According to the company, the hair tonic is not working for these folks because they are "not praying hard enough".

As you skim down the page, you perk up because you read there is still hope! A competing company claims that their hair tonic has a miraculous success rate of 71.6%. But when asked by the magazine reporter for hard data to corroborate the claim, the company spokesperson glibly replies, "I don't have time to conduct follow-up studies." How then, you wonder, does the company come up with a specific number like 71.6% without follow-up studies to document whether or not the patients sprouted hair?

The article then points out that the two scientists who founded the hair tonic formula have feverishly traveled to science conventions around the world tÁo declare that their invention does not work as they once said it did. They say that many people would be harmed psychologically if they pinned all of their hopes and dreams on what they now call a "fraud." The article also states that all respected medical and mental health organizations agreed with the inventors that the hair tonic was no more likely to help one grow hair than dipping ones head in a bowl of grits. If that isn't bad enough, the companies promoting the hair tonic have taken out full page ads in major newspapers which have distorted a baldness study by one of the premier hair loss specialists in the nation. The acclaimed expert retorted acrimoniously to the lies by saying, "It was a complete misrepresentation of what the research actually said. It was taken completely out of context. I am horrified and angry and they are spreading an awful and

destructive message."

Your dreams of looking like Maxwell are dashed for good when you read that of the people lumped in the 30% success rate category, the majority believed that if the hair tonic did not work, biological baldness could be overcome by wearing a toupee. The article ends with the testimony of angry ex-ex bald people who claim that they were misled and cheated by the hair tonic companies. One company's spokesperson dismisses the inconvenient complaints of the ex-ex-bald people by saying: "Some people fall of the wagon."

You now sit in your living room, enraged by the misleading story, wondering how a respected news outlet would give this "snake oil" that has been so thoroughly discredited, the slightest bit of legitimacy, no less a cover story. Shouldn't the ex-ex-bald people have been on the cover, or at least been the focus of the story instead because their experiences are a more representative of the vast majority who took the tonic? Do journalistic ethics and standards exist anymore, you wonder? Whoops, you almost forgot, it is 1998, "The Year of the Journalist".

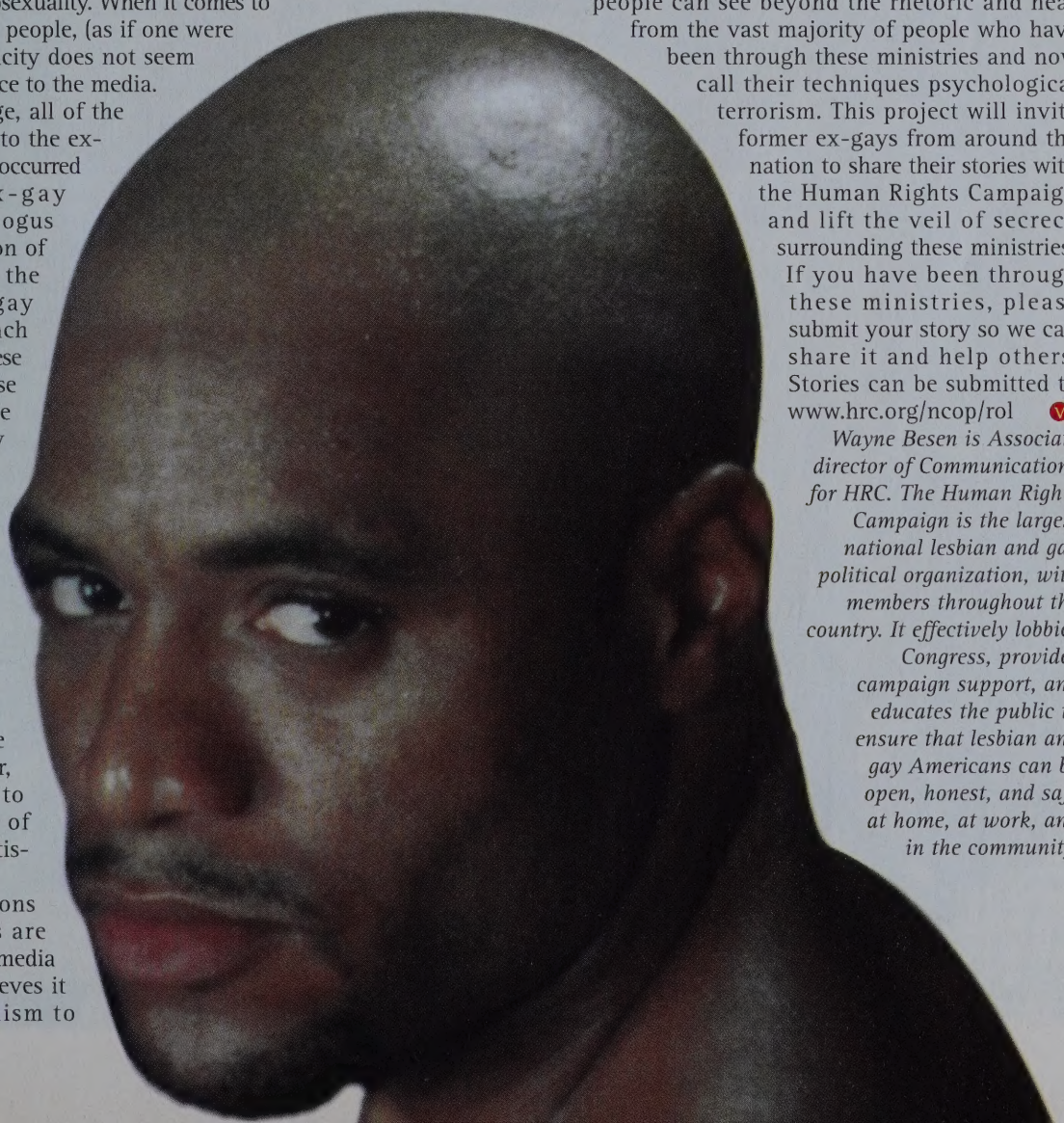
Of course, you would never see a cover story about a discredited, unsubstantiated, cure for baldness, or anything else for that matter, except homosexuality. When it comes to a so-called cure for gay people, (as if one were wanted or needed) veracity does not seem to be of much importance to the media. In the following passage, all of the shenanigans attributed to the ex-bald movement actually occurred in the so-called ex-gay ministries, from the bogus statistics to the distortion of scientific research, to the founders of the ex-gay ministries marrying each other and repudiating these "cures." Yet, despite these gross irregularities, the media still unwittingly legitimizes "ex-gay" ministries by not holding them to the same standard of scientific proof that they would demand from any other group.

Advocates for gay equality believe these ministries should have an opportunity to voice their opinions. However, the media has a duty to research the accuracy of statements made or statistics reported.

Currently, false notions about gay Americans are being perpetuated by a media which erroneously believes it is honorable journalism to simply regurgitate sound bites from both sides in the name of balance. While balance is important, it is not an excuse to eschew accuracy and tough, fact checking. All statements are not equally valid and it is the media's responsibility to distinguish fact from fiction. In most of the news stories about the "ex-gay" ministries or the Right wing ad campaign in which these ministries are highlighted, fiction has been the norm and the truth has been a casualty.

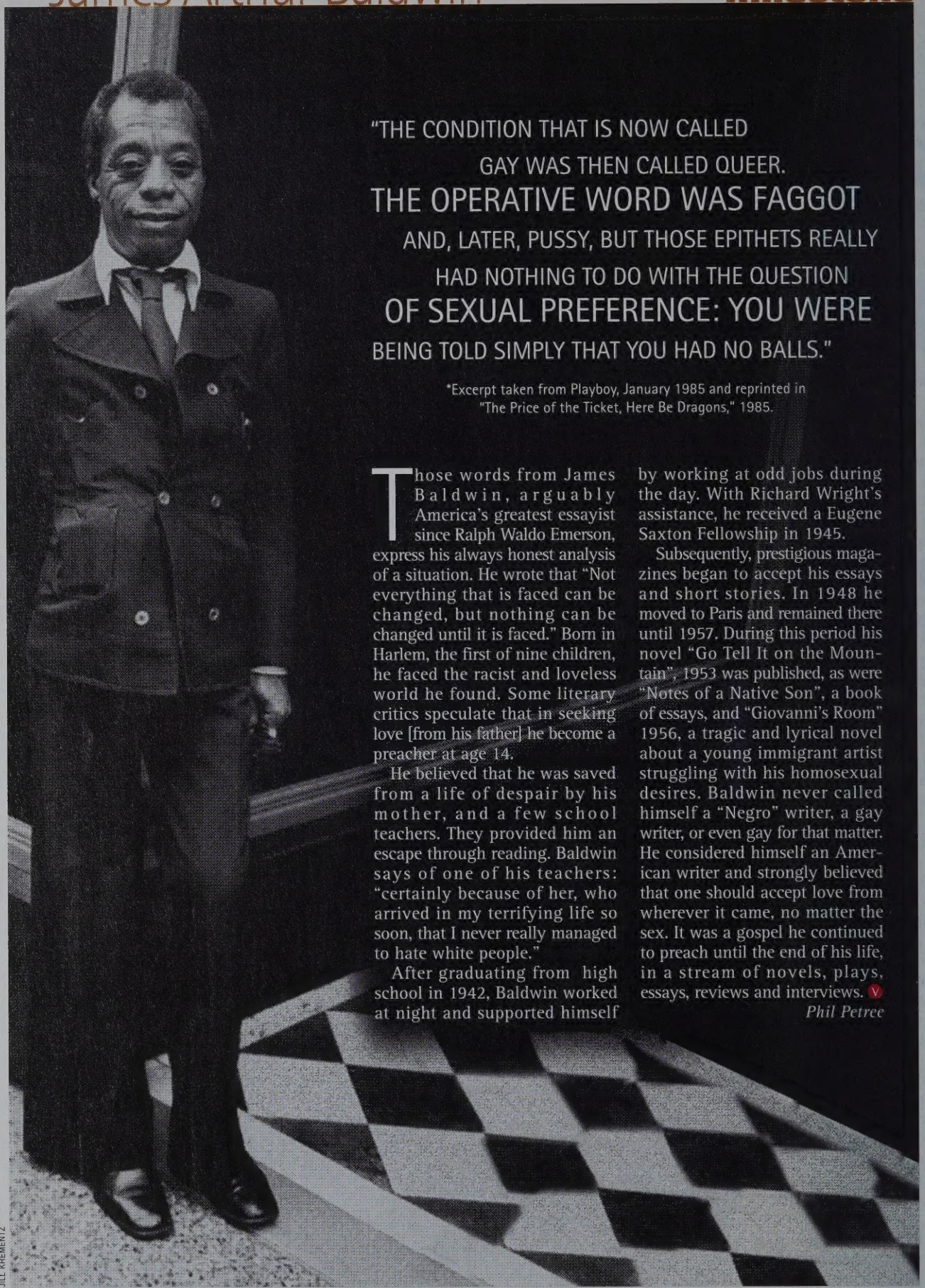
For example, ex-gay leader Anthony Falzarano recently said on television that nearly 80% of gay people were molested as children. This is factually incorrect by any objective standards, with gay people no more likely to be molested as children than heterosexuals. Unfortunately, because he is talking about gay people, the lethargic media felt there was no need to hold Falzarano accountable for his lie. If Falzarano would have made an outrageous claim about any other minority group, it is guaranteed the media would have followed-up and excoriated him for his hysterical statement.

This perpetuation of myths by the media has forced the Human Rights Campaign to start the Ray of Light (ROL) project. The ROL seeks to shine the spotlight on these ministries so people can see beyond the rhetoric and hear from the vast majority of people who have been through these ministries and now call their techniques psychological terrorism. This project will invite former ex-gays from around the nation to share their stories with the Human Rights Campaign and lift the veil of secrecy surrounding these ministries. If you have been through these ministries, please submit your story so we can share it and help others. Stories can be submitted to www.hrc.org/ncop/rol



Wayne Besen is Associate director of Communications for HRC. The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It effectively lobbies Congress, provides campaign support, and educates the public to ensure that lesbian and gay Americans can be open, honest, and safe at home, at work, and in the community.

James Arthur Baldwin



"THE CONDITION THAT IS NOW CALLED GAY WAS THEN CALLED QUEER. THE OPERATIVE WORD WAS FAGGOT AND, LATER, PUSSY, BUT THOSE EPITHETS REALLY HAD NOTHING TO DO WITH THE QUESTION OF SEXUAL PREFERENCE: YOU WERE BEING TOLD SIMPLY THAT YOU HAD NO BALLS."

*Excerpt taken from Playboy, January 1985 and reprinted in "The Price of the Ticket, Here Be Dragons," 1985.

Those words from James Baldwin, arguably America's greatest essayist since Ralph Waldo Emerson, express his always honest analysis of a situation. He wrote that "Not everything that is faced can be changed, but nothing can be changed until it is faced." Born in Harlem, the first of nine children, he faced the racist and loveless world he found. Some literary critics speculate that in seeking love [from his father] he become a preacher at age 14.

He believed that he was saved from a life of despair by his mother, and a few school teachers. They provided him an escape through reading. Baldwin says of one of his teachers: "certainly because of her, who arrived in my terrifying life so soon, that I never really managed to hate white people."

After graduating from high school in 1942, Baldwin worked at night and supported himself by working at odd jobs during the day. With Richard Wright's assistance, he received a Eugene Saxton Fellowship in 1945.

Subsequently, prestigious magazines began to accept his essays and short stories. In 1948 he moved to Paris and remained there until 1957. During this period his novel "Go Tell It on the Mountain", 1953 was published, as were "Notes of a Native Son", a book of essays, and "Giovanni's Room" 1956, a tragic and lyrical novel about a young immigrant artist struggling with his homosexual desires. Baldwin never called himself a "Negro" writer, a gay writer, or even gay for that matter. He considered himself an American writer and strongly believed that one should accept love from wherever it came, no matter the sex. It was a gospel he continued to preach until the end of his life, in a stream of novels, plays, essays, reviews and interviews.

Phil Petree

JILL KREMENTZ

TINA PAUL

PRICELESS!

Rarely has the R & B/soul landscape been privy to a singing voice with the power, pure soul and emotion as rising star **Kelly Price.** Her extraordinary, primarily self-composed debut album, "Soul of a Woman", featuring the breakthrough ballad and lead single "Friend of Mine" has expanded the parameters of popular Black Music. Each song reflects Kelly's insights, philosophies and life experiences. "Not everything is autobiographical, but for me to sing a song I have to be able to directly connect with it before I can effectively communicate it to an audience," Kelly explains. "A song like "Friend of Mine," she continues, "which deals with a woman whose so-called best friend steals her man, has a basic theme of betrayal that even if it never happened to you, you can still relate and feel the pain such a bad situation must create."

Getting to where she is today took a lot of personal hard work. Kelly spent years building an impressive reputation as one of the industry's best and most in demand backup singers, songwriters and vocal arrangers "...but I always knew I'd eventually record my own album," she says. Without exaggeration her credentials are awesome. For four years Kelly worked in the studio and on stage singing for Mariah Carey and writing songs for Puff Daddy, The Isley Brothers, Notorious B.I.G., Brandy, SWV, Mona Lisa, 112, Dymon, Brian McKnight, Aretha Franklin, Mary J. Blige, Ronald Isley and Angela Winbush, the Clark Sisters, Mase, Lil' Kim and many more!

A serious listen to her album leaves no bout that she's a brilliant singer and lyricist, whose full tilt performances (live as well as recorded) paint poignant portraits of love's many sides–the good, the bad and yes, the ugly. But ever the optimist, on behalf of her "sisters" she always inserts at least a glimmer of hope if not redemption. "My album is dedicated to women everywhere," Kelly concludes, "but when you get right down to it, at its core, it's really about the soul of ONE woman - Me!"

Would you confront a you suspected he or s abused? How involved

Hiding in the shadows of recent Hollywood domestic violence scandals is a great fear in our community...that someone would discover that we [Same-Gender-Loving People of African-Descent], also have been caught up in scandalous "household disputes" gone bad. There's a natural reluctance to 'air dirty laundry' by most Black folks in general. These feelings are compounded by issues of being closeted, feeling unmasculine (for brothers), being too aggressive (for sisters) or by exaggerated feelings of embarrassment. Some of us who are suffering abuse never seek help, because the fear of rejection by our family and friends seems greater than the physical and emotional pain. Even worse, those of us in a position to help, sometimes refuse to be associated with (or acknowledge) the problem and simply turn a deaf ear to a friend in need. Find out more about how to get a help for yourself or a friend. Contact the The New York City Gay & Lesbian Anti-Violence Project Hotline (212) 714-1141.

FRANCINA SLOAN,
NYC, NY

Domestic violence exists—black, white, gay, straight. I am not aware of anyone I personally know of that happening to. I've been in a relationship where it got physical. We got through it however. I came away from it differently. My family and friends wanted to help me, but I was afraid that it would just cause more abuse. I withdrew from my family to protect them from physical abuse. I finally had to learn to empower myself in order to help myself and allow others to help me.

If helping a friend meant involving the public or media, I'd have to do so, because my sexuality is not on trial, my sexuality doesn't make me a better or worse witness. My advice is if you value your life, there are steps that must be taken; seek counsel, anonymously if necessary, to empower yourself.

LOURMEL APOLLON,
NYACK, NY

As a friend I would have no choice but to intervene in any way possible. Its up to the person to help themselves, but I would help give them the means to escape the situation. Although I am not out, I won't yield to social stigmas. If helping a friend in need might jeopardize other relationships developed while "in the closet" then they weren't worthwhile in the first place or worth salvaging. We need to start doing things for ourselves, uplifting and supporting our brothers and sisters who need a little help to do what they've got to do. Since I work in the social services field, I would offer information on where to get help. However, I can only help as much as they would let me.

MILDRED GERESTANT,
INTERNATIONAL PERFORMANCE ARTIST

I would get involved because the person is my friend. I could never pretend or ignore the problem. I'd take her or him into my home, and try to get them away from the situation. I would try to get them to the Gay and Lesbian Center for more professional help. I'd even go stay at her or his house, even if it endangered my life. I would expect the same from my friends, if I found myself in the same situation. It isn't easy. I wouldn't be worried about being outted because I'm associated with a gay person. I am a very out lesbian, but I resent the fact that anyone would be considered gay by association. I believe in living and let living, so if a friend had a problem helping me, because of her fears, I'd understand, but I'd be deeply hurt.

As for helping an abused friend, I can be there as much as I want, but until she or he's ready to get out of the situation nothing anyone does can help.

friend if he was being would you get?

AL-B MERLES, CORPORATE FINANCE

I would pull my friend to the side and ask questions. I would try to comfort them. If I see bruises, I would tell my friend to seek counseling. And I'd talk to them.

I would go out of my way and do what I'd have to do. I cannot see myself or anyone being abused or struck by another man (or woman) and enduring it just because one was afraid of being outted. You'd have to ask yourself what's more important, your life or what people think of you. For a very close friend I'd go the whole route. I've known many people who don't get involved because they believe it isn't any of their business what goes on 'behind closed doors'. Unfortunately, people in today's society turn their heads and try not to get involved-straight or gay. On another note, the person being abused may not be aware that there is any other way of being treated in a relationship.

KAZ MITCHELL, PRESIDENT + CEO OF KAZ MANAGEMENT

I wouldn't have a problem trying to help a friend. I would get deeply involved. I would try to console them in secrecy and confidence. Usually people in that kind of predicament do not need to have a lot of people involved in their business. Something of that nature is such a secretive matter, not so much because of the gayness, but because of the nature of the problem. People are embarrassedμ to talk about it. You need to be a comfort for that person first; you can't just run up on them and insist that they get help. it isn't as simple for that friend as it is for you to see. Most people are shy about it In order to give them a level of confidence to enable them to fight the battle, you have to take things a step at a time. Be a comfort first, then offer information. Education is lacking in our community. We need to educate ourselves, learn how to deal with things ourselves, then we can offer information along with that support.

CHERYL McCLENDON, COLLEGE PROFESSOR

Gay or straight doesn't matter, I would absolutely help a friend. I would feel obligated to give advice; referral to a social agency or psychologist or some type of outlet. I couldn't get between the two, but I would definitely try to appeal to my friend as much as possible before it got to a severe point.

I would give testimony to what I've observed, if necessary, in a court of law. Most people who I take into my life as friends, are strong willed and would not allow this type of thing to go on for any length of time. I have found that abuse may exist with people in despair, substance abusers, people who unemployed, frustrated. People frustrated in life tend to lash out physically at those closest to them. Counseling is a very strong and necessary deterrent, not only for the abused, but the abuser.

KIMBLEY GILCHRIST, PLAYWRIGHT, DIRECTOR

It depends upon the situation and the individual. Some people, you need to stay out of their business. Often in situations of violence they don't want to be helped. Maybe they're helpless. I would talk to them, persuade them to get help and point them towards programs and avenues of solid assistance. I believe you must open your doors, your phones, your heart to abused friends.

congrats

Lenore Myishia Rivers was selected as the Community Wellness Specialist for the AIDS Prevention Team in Los Angeles, CA.

Lenore's responsibilities include providing support and working closely with persons living with HIV/AIDS. Ms. Rivers is currently pursuing her undergraduate degree in communications at Chaffey College, Rancho Cucamonga, CA. Lenore shares a lifetime commitment with her partner Debra and their two sons.

Rev. David Lewis has been asked to submit an application to become the pastor of Faith Temple Nondenominational church, in Washington, D.C. The church serves the Washington metropolitan area.

Lewis, Associate Pastor of St. John Missionary Baptist Church in Dora, Alabama, was licensed as a Baptist minister on November 19, 1972. He was ordained October 21, 1973 and was elected assocoate pastor at St. John Missionary Baptist church on August 5, 1975.

Lewis was elected Chaplain for Helen L. Albert Community Center on Nov. 25, 1995 and was also elected interim pastor of Lilly Hill Missionary Baptist Church on Feb. 22,1998. He attended the Easonian Baptist Seminary College and received an associate degree in Christian Eduaction. He was nominated for an honorary doctorate degree from Georgetown University and on February 15, 1997, he won the National Bayard Rustin Award for Civil Rights. He is also a member of the National Pastor's Conference.

"In 1989, I also helped to organize and marched, out and proud, in the very first Gay Pride Parade in the state of Alabama," he said from his office in Dora.

WHEN LOVE GETS ROUGH

Monique Lawrence is a male-to-female pre-operative transgender woman living in San Francisco. Ms. Lawrence came to the San Francisco District Attorney's office seeking assistance when her life was threatened by her ex-boyfriend. I served as her advocate. BY CRYSTAL H. WESTON, J.D.

Crystal Weston Why did you agree to do this interview?
Monique Lawrence I believe it might help other women. I hope this will help a lot of people [realize that] this is your one time to live. Stop it when it starts: leave. Don't waste time leaving. You may lose a lot of material stuff, but you'll be alive.

CW What was the incident that convince you to call the police?
ML When he struck me across my head with his fist; he hit me in my breast area [too] and knocked me to the floor. The first time he struck me was in the kitchen. The second time he struck me I [went for] a can opener because I was trying to protect myself. He hit me and knocked it out of my hand and knocked me to the floor.

CW What had he done to you in the past that made you believe he was serious about carrying out his threat [to kill you]?
ML He talked about murdering a queen named Ms. West. He seemed like he enjoyed it, like it gave him a thrill, and I thought 'If you could do that to Ms. Mae West, then you could do that to Monique Lawrence.' He told my friends that I didn't need friends. When they would come to the gate and ask for me, he'd tell me that he was the only friend I would need. I began to think that I could be laying in the bed dead and nobody would know about it for weeks. My neighbor even started fussing with him because I was sick and they wanted to come see me. He wouldn't take me to the hospital. My neighbor had to take me to the hospital.

CW What made you decide to involve the authorities?
ML I did everything I thought I could do for him and he started having mood swings; like he really was getting ready to do harm to me. His eyes would change. They looked like a killer's eyes. Then I remembered there was a warrant out for his parole violation, so I had him arrested.

CW How did the authorities, police and district attorney treat you?
ML The D.A. was very nice to me. Very professional. And I'll always love her because she did the best she could. The police treated me nice; they got this killer up out of my house. They arrested him for threatening to kill me over the phone. I really, mentally, believed that he was going to kill me.

CW Have you sought help outside the criminal justice system, like therapy or civil restraining order?
ML I went to Woman Inc. to get a three-year restraining order. They treated me nicely and told me I did the right thing. Instead of me breaking the law myself...[They told me] "Why should you put yourself in danger. You're a sick person, and here you got this person trying to kill you.'

CW Do you believe the system has worked for you?
ML When it comes down to the court, yes.

CW In what way yes?
ML I felt the D.A. was pushing harder than I was at the last part. I felt weak at the end and let him walk out that courtroom. Looking at him—I was still in love with him and it hurt, although I didn't show it. I started crying; [seeing him] in that orange outfit! My baby, a killer! I should have given him the two-year sentence. But nine months [time served]...I felt he had done enough. I think if I had pushed it even more, he would have tried to kill me when he got out.

CW Was this your first abusive relationship?
ML No. In Newport News, Virginia I left a 12-year relationship because I got beat up all the time. He beat me for seven good years; and I woke up at the end of that year. I got beat everyday for seven years. He used to beat me under the table! I was working at the City Treasury Department. And he didn't have a job. He wouldn't let anyone get near me because I was really his income. He didn't love me, he loved the money. He taught me a lot. I was a fool because my mama and daddy didn't beat me like that. I was concerned about my body. He broke my arm and put me in a cast. He also broke my leg. My ankle was in a brace. He put me on disability. This is my body. This is me! It belongs to me! I called the police one time on him. They found him with a knife and took him to jail. I wouldn't press charges like a dummy. When they tried to get me to testify against him, I didn't want to do it.

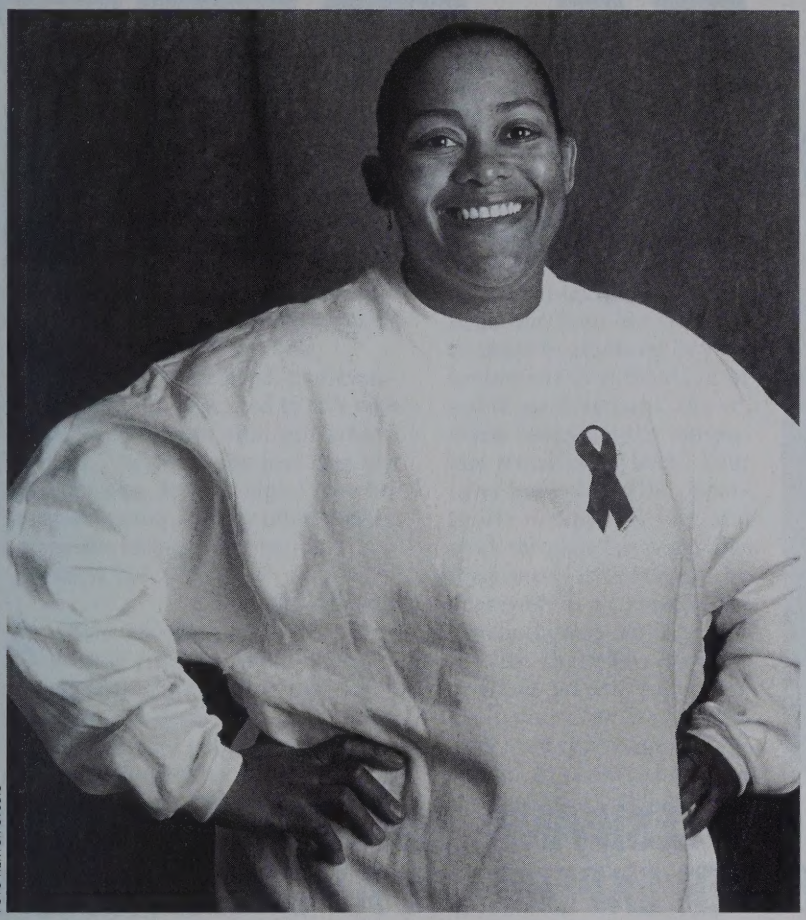
My family knew but didn't want to get involved in our relationship. They told me, 'If you come home, then we'll stop it'. I packed my suitcase and left and went to North Carolina where I was born. I don't know what woke me up. But all of a sudden it was over [for me]. Years later I came to San Francisco.

CW What do you want your fellow Black gay, lesbian, bisexual, and transgender survivors of domestic violence to understand about this phenomenon?
ML If you have a quarrel that leads to blows, that's when you should seek help. If you get blows thrown at you, it's time to quit and the relationship is over. I believe the next thing after blows comes death. Even if my clothes are there or anything else in the house belongs to me, if I feel threatened, I'd let him have all of that for my life.

CW As a pre-operative transgendered woman survivor, do you believe you are in a unique position from you gay brothers and lesbian sisters who are also survivors?
ML We are all the same. We're all dealing with the same problem. We just go through it a little harder.

CW When you were first experiencing the mistreatment, did you think of it as domestic violence?
ML I didn't know the meaning of domestic violence. I never heard of the term, until someone told me what I could do. Then I found out I had more rights that I thought I did.

CW Any final thoughts or feelings?
ML I'm very sorry I had to go through that with him. He could've turned out to be a great man for me, but I can't take a risk with him. I'm glad I don't have to fear that anymore, (although) I'm still not feeling totally safe, because he could always pop up and say, 'remember me?'



POYO HENTON STUDIO

VENUS LANDIN
MAY 2 1961-MARCH 2, 1993

Did you know that Webster's New Collegiate Dictionary defines "Venus" as "the Roman goddess of natural productivity and in later times of love and beauty" and as "the second planet in order from the sun?" Did you also know that Venus Magazine defines "Venus" as Venus Landin, the woman after whom this very magazine is named? She was, indeed, a "goddess of productivity," as she labored tirelessly to make a difference in Atlanta's lesbian and gay communities before she was murdered by her ex-lover on March 2, 1993.

According to reports at the time of the murder in *Southern Voice*, a gay news weekly in Atlanta, Venus and her lover, Bisa Niambi, broke up in February 1993. During the month after the break up, but before the murder, Bisa engaged in typically obsessive behavior patterns of controlling partners. She destroyed Venus' property wich included smashing a VCR and television, cutting up a couch and her clothing, and burning Venus' clothes. In fact, the *Voice* reported that Niambi set several small fires in the home they formerly shared, using Venus' belongings as kindling. Although she was scheduled to stand trial for this conduct, Bisa killed Venus with three gunshot wounds and then turned the gun on herself.

Venus' death sent shock waves through Atlanta's Black lesbian and gay communities, as she was a highly treasured and tireless activist. Venus Magazine Publisher, Charlene Cothran, made sure that Ms. Landin's name lives on in the titling of this publication. Through *Venus Magazine*, the scourge of domestic violence among Black lesbian, gay, bisexual, and transgendered folk is granted the national highlighting–in our own communities–that it deserves.

C. Weston

HELP
WHERE TO GO FOR

If resources for your community are not listed here, contact The Lesbain & Gay Anti-Violence Project of New York City 212-714-1141.

ATLANTA
Lesbian and Gay Chapter
American Civil Liberties Union, ACLU
404-523-5398

LOS ANGELES
Los Angeles Gay and Lesbian Center
S.T.O.P. Domestic Violence Program
213-993-7640

SAN DIEGO
Lesbian and Gay Men's
Community Center
Anti-Violence Project
619-692-2077 ext. 805

SAN FRANCISCO
San Francisco Network for Battered
Lesbians and Bisexual Women
415-281-0276

Community United Against Violence
415-777-5500

Family Violence Project
San Francisco District Attorney's Office
415-553-9044

BOSTON
The Network for Battered Lesbian
and Bisexual Women
617-695-0877,
nblbw@erols.com

Fenway Community Health Center
Violence Recovery Program
617-927-6250, jpares@fchc.org

NEW YORK CITY
New York City Gay and Lesbian
Anti-Violence Project
212-714-1141

CHICAGO
Horizons Community Services
Anti-Violence Project
773-472-6469,
horizons@interaccess.com

DETROIT
Triangle Foundation
313-537-3323
trijeffm@aol.com

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*

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COMMUNITY HEALTH CENTER

(Formerly Community Health Project/CHP)
356 West 18th Street, New York, NY 10011
212/271-7200

Sex Talk

Q: Dear Geanie,
My lover and I have been together for three years. She is a very kind and loving person and our relationship has been good. However, there is one problem. After we have have had sex, she goes through all sorts of strange moods. Sometimes, she goes into a corner and won't let me touch her. At times, she seems to be angry with me.

I feel, on the other hand, that everything is O.K. But, I've tried to talk with her so that I could find out what I 've done. However, she just says she doesn't know. And, though I love her we're not having sex very often because I dread the changes afterwards.

What is up?

SIGNED, CHANGES

A: Dear Changes,
All is not lost. And, I do not suspect that it is anything that you are or are not doing.

Your lover and you, indeed, are in a good relationship as is noted by the duration, along with the very positive feelings and support you indicate. Your lover is displaying behaviors that appear to be those of "post-traumatic stress disorder". Simply put, she is exhibiting and suffering the effects of something that has happened in her past.

That something, by her behavior, (and her inability to point to anything in your behavior) is indicative of some past sexual abuse. These behaviors are "unspoken requests for help". Your lover has not had the opportunity to squarely face and work through this issue. This may most effectively be dealt with in a counseling or psychotherapy setting.

With therapy and your ongoing, patient, supportive assistance; the two of you may expect a more satisfying sex life, and continue to have a "good relationship".

Geanie Bond is a licensed marriage and family therapist in Atlanta, Georgia. Contact her at 404-256-6709.

RON SINGLETON

TLC Tips

CRAIG DALE

Q: I have heard that lesbians have higher rates of breast and cervical cancers than heterosexual women. Is this true?

A: I would like to preface my answer by stating that there is very little research on lesbian risks for breast and cervical cancer. Additionally, the subjects of much of the research conducted so far has been on white, educated (formally), young, 'out' lesbians.

When we speak of breast cancer in lesbians, it is important to consider individual risk factors. On the whole, lesbians delay having or choose not to give birth to children. This may increase the rate of breast cancer in lesbians. Some other risk factors are: early menstruation and late menopause, alcohol consumption, obesity, and first-degree relative with breast cancer (mother, sister). Please bear in mind that 75-80% of those with breast cancer have no apparent risk factor. To compound the issue, black women develop breast cancers less frequently than white **women, however black women die in larger numbers and at faster rates. This may be attributable to the lack of timely interventions. Early detection is crucial to survival.**

IT IS RECOMMENDED THAT ALL WOMEN:

1. **DO A BREAST SELF-EXAMINATION (BSE) monthly (at the end of her menstrual period, when breasts are less likely to be tender).**
2. **HAVE A YEARLY CLINICAL BREAST EXAM (CBE) by her health care provider.**
3. **IF OVER 50 YEARS OF AGE, have a mammogram yearly. If between the ages of 40-50, be sure to discuss your risks and the possibility of having a mammogram with your provider. (NOTE: One percent of breast cancers are detected in men)**

There is also suspicion that lesbians may have higher rates of cervical cancers. For many women the quest for health care is tied to pregnancy or pregnancy prevention, at which time pap smears are routinely performed. This process leaves a large number of lesbians out of the loop. Pap smears allow for the detection of cervical dysplasia (irregular cervical cells). The longer the length of time between gynecological visits, the greater the chances that undetected cervical dysplasia will progress toward cancer. Additionally, women with a history of HIV or genital warts may be at greater risk of developing cervical cancer.

It takes energy to advocate for our health care, but in the long run it's worth it. If you do not find the right provider the first time, be persistent in your search. It is your right to have quality health care.

For further information please contact:
The Michael Callen-Audre Lorde Community Health Center at 212-271-7200 (ask for the Health Education Resource Center) or troberts@aidsnyc.org
American Cancer Society at 800-ACS-2345

Monifa Bishop is a health educator/trainer working with the Michael Callen-Audre Lorde Community Health Center.

Ask Marian

Q: Dear Marian,
My ex-lover has charmed his way into my mother's heart. She's crazy about him! They go shopping together and he even took her on a cruise. Even though we broke up a year ago, she still treats him like a member of the family. Sounds cute, but my current boyfriend doesn't think so. Whenever we attend a family function, my Ex is always there. I have "Read" him several times. But how can I let my mother know that this feels uncomfortable to me and my new man?

SIGNED HAD ENOUGH

A: Dear Had Enough,
Your Ex already knows how you feel about his being at all the family gatherings. Now your mother needs to know how you feel. She sounds like an open and caring person, so put your head together with her. You can not expect her to give up her friendship with your Ex because that's her choice. However, talk to her about what you are going through and what you would feel comfortable with, for instance, you could suggest that she invite him to her next birthday party, but not the family Christmas dinner. Discuss all the options, hear what she has to say and make a compromise that touches on both your needs.

Send your questions for Ask Marian, Sex Talk, or TLC Tips to:
QandA@venus-magazine.com

or fax to:
914-376-1666

Mail to:
QandA
Venus Magazine
P.O. Box 150
Hastings on Hudson,
NY 10706

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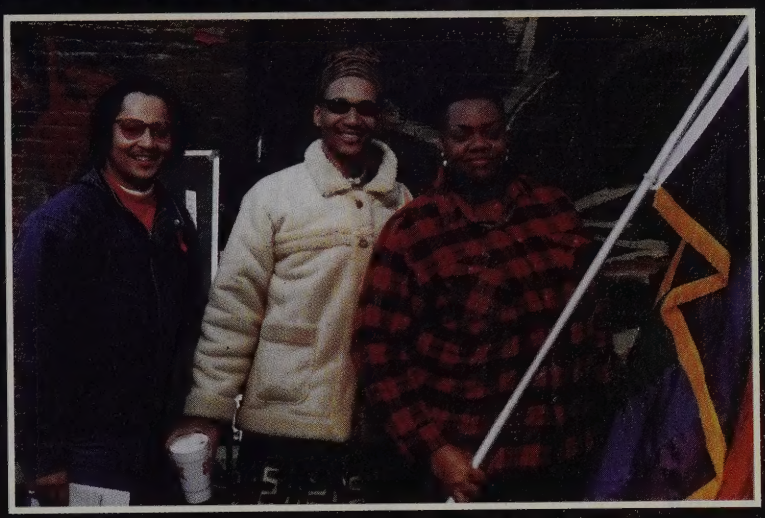
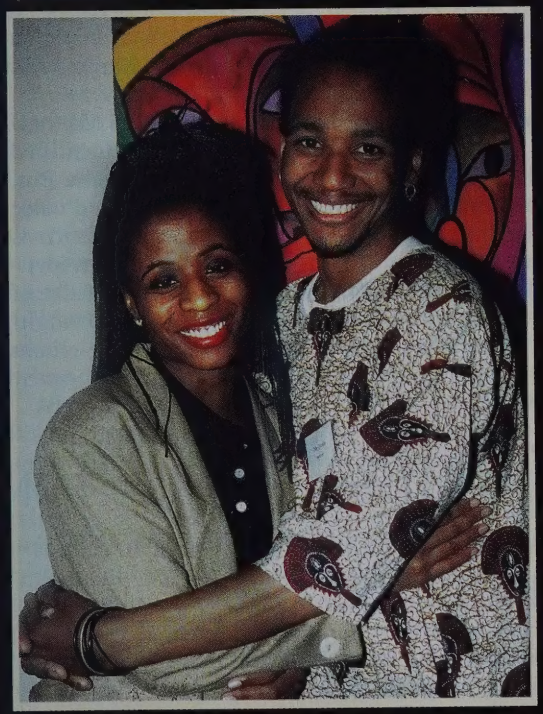
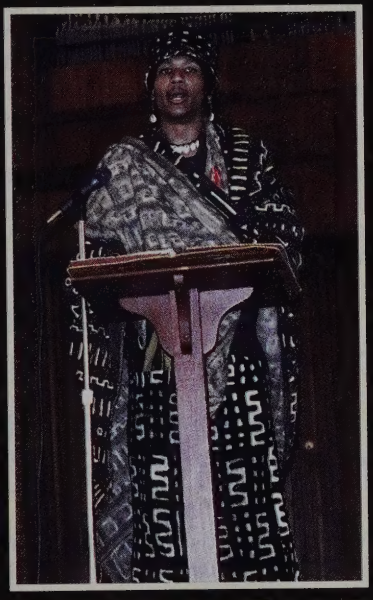
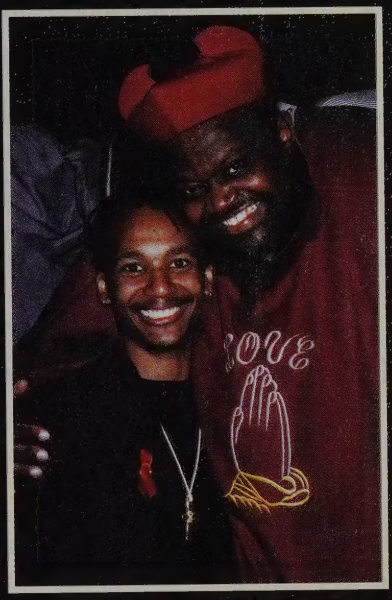
Remembering Tony Daniels

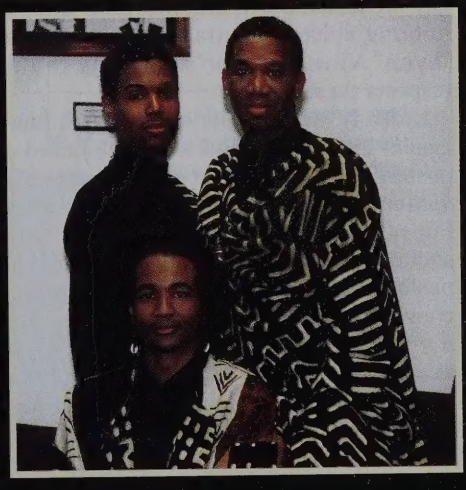
A beloved poet, playwright, activist, organizer and friend to Venus Magazine, Tony Daniels died last spring after an auto accident during his annual pilgrimage to Black Pride in Washington, D.C. These memorable snapshots with friends and colleagues will hopefully give those who never met him personally a glimpse of why we miss him so much.











BY CLEO MANAGO

Do Gay+Lesbian-Identifying Black Organizations Care About the Black Community?

The Leonard "Lynn" Vine Attack

On Wednesday, October 28, 1998 Leonard "Lynn" Vine, a well-known 31 year old Black drag performer in Baltimore was shot six times—nearly to death—while walking through his neighborhood. Most in the Black community locally, were not aware of the incident. People in Baltimore, particularly in working class and low-income communities frequently hear of or experience social violence and people being shot. Somehow, the shooting of Vine got the attention of the Gay and Lesbian Community Center of Baltimore and the National Gay and Lesbian Task Force who organized a rally within days of the incident.The event appears inspired by momentum created by the highly profiled death of Matthew Shepphard in Wyoming. In the shadow of this, lesbian and gay identified Black organizations have began attempting to bring voices of outrage to the brutal attack of Leonard "Lynn" Vine. But who's listening to these voices? Who respects these voices?

Recently, while in Harlem, NYC, visiting a friend, a same-gender-loving (SGL) Black man, I noticed on his wall a huge poster filled with the faces of "people-of-color" who were victims of hate-crimes. Their sexuality was not mentioned, but my friend knew a few of them from local bars and socials frequented by Black and Latino SGLs. The huge poster hanging between us as we attempted to cajole and conversate distracted my visit with him. Sadness caved in on my spirit, as I could not take my eyes off the poster. So many Blacks and Latinos have been attacked or killed and are killed because of race reaction in this country. It then dawned on me the irony of how so many of us have learned to kill, dismiss or disregard each other. Typically, these are also race-reaction [Self] Hate-Crimes, among Blacks with little regard for Black life.

It also dawned on me that up until the murder of Matthew Sheppard, a 21-year-old white man, gay/lesbian identified Black folks had little public reaction to hate-crimes. But, taking cues from White gays, they are now bringing voice to this issue. It appears to me that a hate-crime of sorts is determining the actions or non-action of gay/lesbian identified Black organizations, an apparent "hatred" or dislike of the Black community. The past two years have brought legions of nationally known gruesome, horrific hate-crimes towards Blacks, e.g. Abner Louima, Sherrice Iverson, Garnett Johnson, Ennis Cosby, James Byrd and there a many, many more. Right in the middle of San Francisco,the [White] gay mecca, a Black couple, while walking down the street, was brutally attacked by 5 young White men. Gays nor Blacks did or said anything.

UP UNTIL THE MURDER OF MATTHEW SHEPPARD, A 21-YEAR-OLD WHITE MAN, GAY/LESBIAN IDENTIFIED BLACK FOLKS HAD LITTLE PUBLIC REACTION TO HATE-CRIMES. BUT, TAKING CUES FROM WHITE GAYS, THEY ARE NOW BRINGING VOICE TO THIS ISSUE.

It's almost as if no one cares about Blacks, including Blacks, including gay/lesbian identified Blacks. Blacks who have organized themselves as lesbian and gay have not been compelled to have a position, provide voice to, support or publicly denounce these horrendous hate-crimes. As a matter of fact most of the public denouncing from these groups are denouncements of other Blacks, i.e. Reggie White, The Winans and Martin Luther King Jr's neice, Alveta King-Beal. Ironically, in light of this sad reality, Black homosexuals want to be respected by "their" community, or at the least do not want to be victims of anti-homosexual thinking in the Black community.

Recent reactions to Leonard "Lynn" Vine will, most likely, perpetuate the philosophical divide and allegedly moral

judgement among Blacks about Black homosexuals. Why? Because Black homosexuals, as represented by high-profiling lesbian/gay identified organizations, often appear as the Black cheerleaders of a White (gay) agenda. Gay/lesbian identifying Black organizations appear to be disconnected from and unconcerned about Black community issues, as if they are not Black too. Just imagine how powerful it would be if Black same-gender-loving (SGL), gay/lesbian identified, transgendered and bisexual Black people cared about, made a fuss about, rallied about and protested about hate-crimes, self-hate-crimes and racism on behalf of justice in the Black community. I don't mean to imply that we should care about the Black community only, but that we should care about the Black community all the time. If we did this, when we did address our community, or anyone else, about anti-homosexual reactions, hate-crimes or violence, we would be cared about more, because we cared more about our community. But right now the legacy of non-action, or reaction among gay/lesbian identified Blacks in the shadows of White gays stabilizes the divide.

An excerpt from a recent press release from the National Black Lesbian and Gay Leadership forum reads, " The Forum is calling on the Congress to pass the Hate Crimes Prevention Act of 1998. (Willa) Taylor says, "We are particularly disturbed that five members of the Congressional Black Caucus have not signed on to co-sponsor this legislation. How can any people who have experienced discrimination themselves, continue to discriminate against their own?"

When gay/lesbian identified Blacks stop discriminating against the Black community, this might inspire similar behavior within the Black community.

When it becomes apparent that gay/lesbian identified Blacks do not approve of racism in the gay community or anywhere else, respect for SGLs, bisexuals and transgendered Black people might increase. And when we begin rallying and protesting hate-crimes and self-hate crimes that occur in our community, when we do pull up to the table to talk with the Congressional Black Caucus, etc. we might not appear so alien, but as another aspect of Black community fighting for the protection of us all.

Cleo Manago is Excecutive Director of AMASSI, the African-American AIDS Support Services and Survival Institute in Inglewood, California

Dutch Chocolate *continued from pg 13*

The Gay social life is quite active. There are mixed clubs with large Gay followings, many Men's Bars with a variety of genre, a couple of lesbian establishments (one place in particular, the Pussy Lounge at the Roxy -the sistahs there were so hot-to-death I could hardly believe my eyes!)

BLACK "FAMILY" CULTURE

The community is segegrated (no surprise there) just like it is in major U.S. cities but it was extraordinary to find a sizable, cohesive black community that is unified and very receptive to visiting people of color. One of my male friends that I traveled with met his future husband here, and brought him back to the States.

Most of the Blacks are immigrants/descandants of Suriname, a country in South America and a former Dutch

THIS PLACE ATTRACTS AN ENDLESS AMOUNT OF PERSONS OF COLOR EAGER TO EXCHANGE TALES OF HOW LEADING A GAY LIFESTYLE IS REGARDED IN THEIR COUNTRIES.

colony, not far from Trinidad. These exotic black folks come from a creole mixture of African, Native American, Indonsian, Chinese, India(n) and Dutch. Club Reality is the club of choice where you can hear everything from house, hip hop, R&B to reggae and their native Surinamese music. This place attracts an endless amount of possbilities, you'll run into U.S. ex-patriots, other visiting Americans, Africans, Caribbeans, and other kinds of persons of color eager to exchange colorful tales of how leading a gay lifestyle is regarded in their countries. We engaged in one conversation about a young, gay African prince who gave up everything because he refused to submit to an arranged marriage to a woman. Scandals!

Once you arrive in Amsterdam, visit Club Reality and speak with the local family of color and get the "real" tour of this Dutch city from a Dutch brotha or sistah. I guarantee that you will have the time of your life. I did.

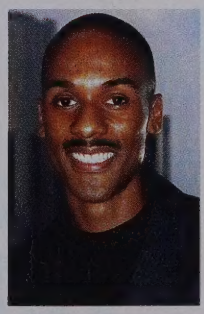
Rosalind Lloyd

"who said that?"

"Recently, a black minister lauded Ralph Reed as the messiah for the black community. Jerry Falwell has formed a coalition with 43,000 African-American churches across the country. That represents one half of the total black population in America. If Ralph Reed, Jerry Falwell, Clarence Thomas, Armstrong Williams, and the like become leaders—and acceptable—to even a slight percentage of the black community, it sets the progressive movement back decades."

CONGRESSWOMAN CYNTHIA McKINNEY (D-GA) SPEAKING AT HRC OUTVOTE '98

"We can't go to our churches and continue to give our money week after week to the ministers who beat up on us. We have to say, 'Wait a minute, Mr. Minister or Wait a minute, Madame Minister, I don't believe this.'"



KEITH BOYKIN ON BET WITH TAVIS SMILEY

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It sounds so good

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HIV drugs should be taken on time, every day. That's the only way known to keep enough of each drug in your blood at all times to fight HIV.

The bottom line:

Why help the virus hurt you? Next time you're tempted to skip a dose or two, think again...or else a "minor" drug holiday could end up being a serious threat to your health. Don't let your vacation put HIV back to work.

Call 1-888 TREAT HIV

Be Smart!

For more information on drug holidays and other helpful information on managing HIV

call 1-888-TREAT-HIV
or see www.treathiv.com

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Combivir®

lamivudine 150 mg/zidovudine 300 mg

ONE TABLET TWICE A DAY

Smarter Together

Call 1•888•TREAT HIV ext. 319 for more information or see www.treathiv.com

References: 1. CAESAR Coordinating Committee. Randomised trial of addition of lamivudine or lamivudine plus loviride to zidovudine-containing regimens for patients with HIV-1 infection: the CAESAR trial. *Lancet.* 1997; 349:1413-1421. **2.** Hammer SM, Squires KE, Hughes MD, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. *N Engl J Med.* 1997;337:725-733.

Glaxo Wellcome HIV
A division of Glaxo Wellcome Inc.
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Web site: www.glaxowellcome.com

Please see brief summary for Combivir on adjacent page.

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BRIEF SUMMARY

COMBIVIR® Tablets (lamivudine/zidovudine tablets)

The following is a brief summary only; see full prescribing information for complete product information.

WARNING: ZIDOVUDINE, ONE OF THE TWO ACTIVE INGREDIENTS IN COMBIVIR, HAS BEEN ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING NEUTROPENIA AND SEVERE ANEMIA, PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS). PROLONGED USE OF ZIDOVUDINE HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY.

LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING ZIDOVUDINE AND LAMIVUDINE (SEE WARNINGS).

INDICATIONS AND USAGE: COMBIVIR is indicated for the treatment of HIV infection.

Description of Clinical Studies: ***COMBIVIR:*** There have been no clinical trials conducted with COMBIVIR. See CLINICAL PHARMACOLOGY for information about bioequivalence. One COMBIVIR Tablet given twice a day is an alternative regimen to EPIVIR Tablets 150 mg twice a day plus RETROVIR 600 mg per day in divided doses.

Lamivudine Plus Zidovudine: The NUCB3007 (CAESAR) study was conducted using EPIVIR 150-mg Tablets (150 mg b.i.d.) and RETROVIR 100-mg Capsules (2 x 100 mg t.i.d.). CAESAR was a multicenter, double-blind, placebo-controlled study comparing continued current therapy [zidovudine alone (62% of patients) or zidovudine with didanosine or zalcitabine (38% of patients)] to the addition of EPIVIR or EPIVIR plus an investigational non-nucleoside reverse transcriptase inhibitor, randomized 1:2:1. A total of 1816 HIV-infected adults with 25 to 250 (median 122) CD4 cells/mm^3 at baseline were enrolled: median age was 36 years, 87% were male, 84% were nucleoside-experienced, and 16% were therapy-naive. The median duration on study was 12 months. Results are summarized in Table 1.

Table 1: Number of Patients (%) With At Least One HIV Disease-Progression Event or Death

Endpoint	Current Therapy (n = 460)	EPIVIR plus Current Therapy (n = 896)	EPIVIR plus a NNRTI* plus Current Therapy (n = 460)
HIV progression or death	90 (19.6%)	86 (9.6%)	41 (8.9%)
Death	27 (5.9%)	23 (2.6%)	14 (3.0%)

*An investigational non-nucleoside reverse transcriptase inhibitor not approved in the United States.

CONTRAINDICATIONS: COMBIVIR Tablets are contraindicated in patients with previously demonstrated clinically significant hypersensitivity to any of the components of the product.

WARNINGS: COMBIVIR is a fixed-dose combination of lamivudine and zidovudine. Ordinarily, COMBIVIR should not be administered concomitantly with either lamivudine or zidovudine.

The complete prescribing information for all agents being considered for use with COMBIVIR should be consulted before combination therapy with COMBIVIR is initiated.

Bone Marrow Suppression: COMBIVIR should be used with caution in patients who have bone marrow compromise evidenced by granulocyte count <1000 cells/mm^3 or hemoglobin <9.5 g/dL (see ADVERSE REACTIONS).

Frequent blood counts are strongly recommended in patients with advanced HIV disease who are treated with COMBIVIR. For HIV-infected individuals and patients with asymptomatic or early HIV disease, periodic blood counts are recommended.

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination, including zidovudine and lamivudine. A majority of these cases have been in women. Caution should be exercised when administering COMBIVIR to any patient, and particularly to those with known risk factors for liver disease. Treatment with COMBIVIR should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or hepatotoxicity.

Myopathy: Myopathy and myositis, with pathological changes similar to that produced by HIV disease, have been associated with prolonged use of zidovudine, and therefore may occur with therapy with COMBIVIR.

PRECAUTIONS:

General: Reduction of doses of lamivudine is recommended for patients with low body weight (less than 50 kg or 110 lb); therefore patients with low body weight should not receive COMBIVIR.

Patients With HIV and Hepatitis B Virus Coinfection: In clinical trials and postmarketing experience, some patients with HIV infection who have chronic liver disease due to hepatitis B virus infection experienced clinical or laboratory evidence of recurrent hepatitis upon discontinuation of lamivudine. Consequences may be more severe in patients with decompensated liver disease.

Patients With Impaired Renal Function: Reduction of the dosages of lamivudine and zidovudine is recommended for patients with impaired renal function. Patients with creatinine clearance ≤50 mL/min should not receive COMBIVIR.

Information for Patients: COMBIVIR is not a cure for HIV infection and patients may continue to experience illnesses associated with HIV infection, including opportunistic infections. Patients should be advised that the use of COMBIVIR has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Patients should be informed that the major toxicities of COMBIVIR are neutropenia and/or anemia. They should be told of the extreme importance of having their blood counts followed closely while on therapy, especially for patients with advanced HIV disease. Patients should be advised of the importance of taking COMBIVIR as it is prescribed.

Drug Interactions: Coadministration of ganciclovir, interferon-alpha, and other bone marrow suppressive or cytotoxic agents may increase the hematologic toxicity of zidovudine (see CLINICAL PHARMACOLOGY section of full prescribing information).

Carcinogenesis, Mutagenesis, and Impairment of Fertility: ***Carcinogenicity:***

Lamivudine: Lamivudine long-term carcinogenicity studies in mice and rats showed no evidence of carcinogenic potential at exposures up to 10 times (mice) and 58 times (rats) those observed in humans at the recommended therapeutic dose.

Zidovudine: Zidovudine was administered orally at three dosage levels to separate groups of mice and rats (60 females and 60 males in each group). Initial single daily doses were 30, 60, and 120 mg/kg per day in mice and 80, 220, and 600 mg/kg per day in rats. The doses in mice were reduced to 20, 30, and 40 mg/kg per day after day 90 because of treatment-related anemia, whereas in rats only the high dose was reduced to 450 mg/kg per day on day 91 and then to 300 mg/kg per day on day 279.

In mice, seven late-appearing (after 19 months) vaginal neoplasms (five nonmetastasizing squamous cell carcinomas, one squamous cell papilloma, and one squamous polyp) occurred in animals given the highest dose. One late-appearing squamous cell papilloma occurred in the vagina of a middle-dose animal. No vaginal tumors were found at the lowest dose.

In rats, two late-appearing (after 20 months), nonmetastasizing vaginal squamous cell carcinomas occurred in animals given the highest dose. No vaginal tumors occurred at the low or middle dose in rats. No other drug-related tumors were observed in either sex of either species.

At doses that produced tumors in mice and rats, the estimated drug exposure (as measured by AUC) was approximately three times (mouse) and 24 times (rat) the estimated human exposure at the recommended therapeutic dose of 100 mg every 4 hours.

Two transplacental carcinogenicity studies were conducted in mice. One study administered zidovudine at doses of 20 mg/kg per day or 40 mg/kg per day from gestation day 10 through parturition and lactation with dosing continuing in offspring for 24 months postnatally. The doses of zidovudine employed in this study produced zidovudine exposures approximately three times the estimated human exposure at recommended doses. After 24 months, at the highest dose, an increase in incidence of vaginal tumors was noted with no increase in tumors in the liver or lung or any other organ in either gender. These findings are consistent with results of the standard oral carcinogenicity study in mice, as described earlier. A second study administered zidovudine at maximum tolerated doses of 12.5 mg/day or 25 mg/day (~1000 mg/kg nonpregnant body weight or ~450 mg/kg of term body weight) to pregnant mice from days 12 through 18 of gestation. There was an increase in the number of tumors in the lung, liver, and female reproductive tracts in the offspring of mice receiving the higher dose level of zidovudine.

It is not known how predictive the results of rodent carcinogenicity studies may be for humans.

Mutagenicity: Lamivudine: Lamivudine was negative in a microbial mutagenicity screen, in an in vitro cell transformation assay, in a rat micronucleus test, in a rat bone marrow cytogenetic assay, and in an assay for unscheduled DNA synthesis in rat liver. It was mutagenic in a L5178Y/TK$^{+/-}$ mouse lymphoma assay and clastogenic in a cytogenetic assay using cultured human lymphocytes.

Zidovudine: Zidovudine was mutagenic in a L5178Y/TK$^{+/-}$ mouse lymphoma assay, positive in an in vitro cell transformation assay, clastogenic in a cytogenetic assay using cultured human lymphocytes, and positive in mouse and rat micronucleus tests after repeated doses. It was negative in a cytogenetic study in rats given a single dose.

Impairment of Fertility: Lamivudine: In a study of reproductive performance, lamivudine, administered to male and female rats at doses up to 130 times the usual adult dose based on body surface area considerations, revealed no evidence of impaired fertility (judged by conception rates) and no effect on the survival, growth, and development to weaning of the offspring.

Zidovudine: Zidovudine, administered to male and female rats at doses up to 7 times the usual adult dose based on body surface area considerations, had no effect on fertility judged by conception rates.

Pregnancy: Pregnancy Category C.

COMBIVIR: There are no adequate and well-controlled studies of COMBIVIR in pregnant women. Reproduction studies with lamivudine and zidovudine have been performed in animals (see Lamivudine and Zidovudine sections below). COMBIVIR should be used during pregnancy only if the potential benefits outweigh the risks.

Lamivudine: Reproduction studies with orally administered lamivudine have been performed in rats and rabbits at 130 and 60 times, respectively, the usual adult dose (based on relative body surface area) and have revealed no evidence of teratogenicity. Some evidence of early embryolethality was seen in the rabbit at doses similar to those produced by the usual adult dose and higher, but there was no indication of this effect in the rat at orally administered doses up to 130 times the usual adult dose. Studies in pregnant rats and rabbits showed that lamivudine is transferred to the fetus through the placenta.

Zidovudine: Reproduction studies with orally administered zidovudine in the rat and in the rabbit at doses up to 500 mg/kg per day revealed no evidence of teratogenicity with zidovudine. Zidovudine treatment resulted in embryo/fetal toxicity as evidenced by an increase in the incidence of fetal resorptions in rats given 150 or 450 mg/kg per day and rabbits given 500 mg/kg per day. The doses used in the teratology studies resulted in peak zidovudine plasma concentrations (after one-half of the daily dose) in rats 66 to 226 times, and in rabbits 12 to 87 times, mean steady-state peak human plasma concentrations (after one-sixth of the daily dose) achieved with the recommended daily dose (100 mg every 4 hours). In an additional teratology study in rats, a dose of 3000 mg/kg per day (very near the oral median lethal dose in rats of 3683 mg/kg) caused marked maternal toxicity and an increase in the incidence of fetal malformations. This dose resulted in peak zidovudine plasma concentrations 350 times peak human plasma concentrations. No evidence of teratogenicity was seen in this experiment at doses of 600 mg/kg per day or less. Two rodent carcinogenicity studies were conducted (see Carcinogenesis, Mutagenesis, Impairment of Fertility).

Antiretroviral Pregnancy Registry: To monitor maternal-fetal outcomes of pregnant women exposed to COMBIVIR® Tablets (lamivudine/zidovudine tablets) and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers: The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV infection.

COMBIVIR: Zidovudine is excreted in breast milk (see CLINICAL PHARMACOLOGY: Pharmacokinetics: Nursing Mothers subsection of full prescribing information); however, no data are available on COMBIVIR or lamivudine. Therefore, there is a potential for adverse effects in nursing infants. **Mothers should be instructed not to breastfeed if they are receiving COMBIVIR.**

Pediatric Use: COMBIVIR should not be administered to pediatric patients less than 12 years of age because it is a fixed-dose combination that cannot be adjusted for this patient population.

ADVERSE REACTIONS:

Lamivudine Plus Zidovudine Administered As Separate Formulations: In four randomized, controlled trials of EPIVIR 300 mg per day plus RETROVIR 600 mg per day, the following selected clinical and laboratory adverse events were observed (see Tables 2 and 3).

Table 2: Selected Clinical Adverse Events (≥5% Frequency) in Four Controlled Clinical Trials With EPIVIR 300 mg/day and RETROVIR 600 mg/day

Adverse Event		EPIVIR plus RETROVIR (n = 251)
Body as a whole	Headache	35%
	Malaise & fatigue	27%
	Fever or chills	10%
Digestive	Nausea	33%
	Diarrhea	18%
	Nausea & vomiting	13%
	Anorexia and/or decreased appetite	10%
	Abdominal pain	9%
	Abdominal cramps	6%
	Dyspepsia	5%
Nervous system	Neuropathy	12%
	Insomnia & other sleep disorders	11%
	Dizziness	10%
	Depressive disorders	9%
Respiratory	Nasal signs & symptoms	20%
	Cough	18%
Skin	Skin rashes	9%
Musculoskeletal	Musculoskeletal pain	12%
	Myalgia	8%
	Arthralgia	5%

Pancreatitis was observed in three of the 656 adult patients (<0.5%) who received EPIVIR in controlled clinical trials. Selected laboratory abnormalities observed during therapy are listed in Table 3.

Table 3: Frequencies of Selected Laboratory Abnormalities Among Adults in Four Controlled Clinical Trials of EPIVIR 300 mg/day plus RETROVIR 600 mg/day*

Test (Abnormal Level)	EPIVIR plus RETROVIR % (n)
Neutropenia (ANC<750/mm^3)	7.2% (237)
Anemia (Hgb<8.0 g/dL)	2.9% (241)
Thrombocytopenia (platelets<50,000/mm^3)	0.4% (240)
ALT (>5.0 x ULN)	3.7% (241)
AST (>5.0 x ULN)	1.7% (241)
Bilirubin (>2.5 x ULN)	0.8% (241)
Amylase (>2.0 x ULN)	4.2% (72)

ULN = Upper limit of normal.
ANC = Absolute neutrophil count.
n = Number of patients assessed.
*Frequencies of these laboratory abnormalities were higher in patients with mild laboratory abnormalities at baseline.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-approval use of EPIVIR and/or RETROVIR. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to a combination of their seriousness, frequency of reporting, or potential causal connection to EPIVIR and/or RETROVIR.

Endocrine and Metabolic: Hyperglycemia.
General: Sensitization reactions (including anaphylaxis), vasculitis.
Hepatobiliary Tract and Pancreas: Lactic acidosis and hepatic steatosis (see WARNINGS), pancreatitis.
Musculoskeletal: Muscle weakness with CPK elevation, rhabdomyolysis.
Nervous: Seizures.
Skin: Alopecia, erythema multiforme, Stevens-Johnson syndrome, urticaria.

OVERDOSAGE:

COMBIVIR: There is no known antidote for COMBIVIR.

Lamivudine: One case of an adult ingesting 6 grams of lamivudine was reported; there were no clinical signs or symptoms noted and hematologic tests remained normal. It is not known whether lamivudine can be removed by peritoneal dialysis or hemodialysis.

Zidovudine: Acute overdoses of zidovudine have been reported in pediatric patients and adults. These involved exposures up to 50 grams. The only consistent findings were nausea and vomiting. Other reported occurrences included headache, dizziness, drowsiness, lethargy, confusion, and one report of a grand mal seizure. Hematologic changes were transient. All patients recovered. Hemodialysis and peritoneal dialysis appear to have a negligible effect on the removal of zidovudine while elimination of its primary metabolite, GZDV, is enhanced.

DOSAGE AND ADMINISTRATION: The recommended oral dose of COMBIVIR for adults and adolescents (at least 12 years of age) is one tablet (containing 150 mg of lamivudine and 300 mg of zidovudine) twice daily.

Dose Adjustment: Because it is a fixed-dose combination, COMBIVIR should not be prescribed for patients requiring dosage adjustment such as those with reduced renal function (creatinine clearance ≤50 mL/min), those with low body weight (<50 kg or 110 lb), or those experiencing dose-limiting adverse events.

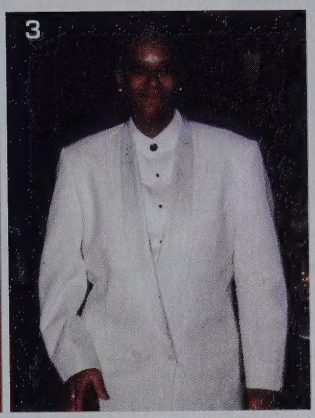
US Patent Nos. 5,047,407; 4,818,538; 4,828,838; 4,724,232; 4,833,130; and 4,837,208

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

Lamivudine is manufactured under agreement from Biochem Pharma Inc.
Laval, Quebec, Canada

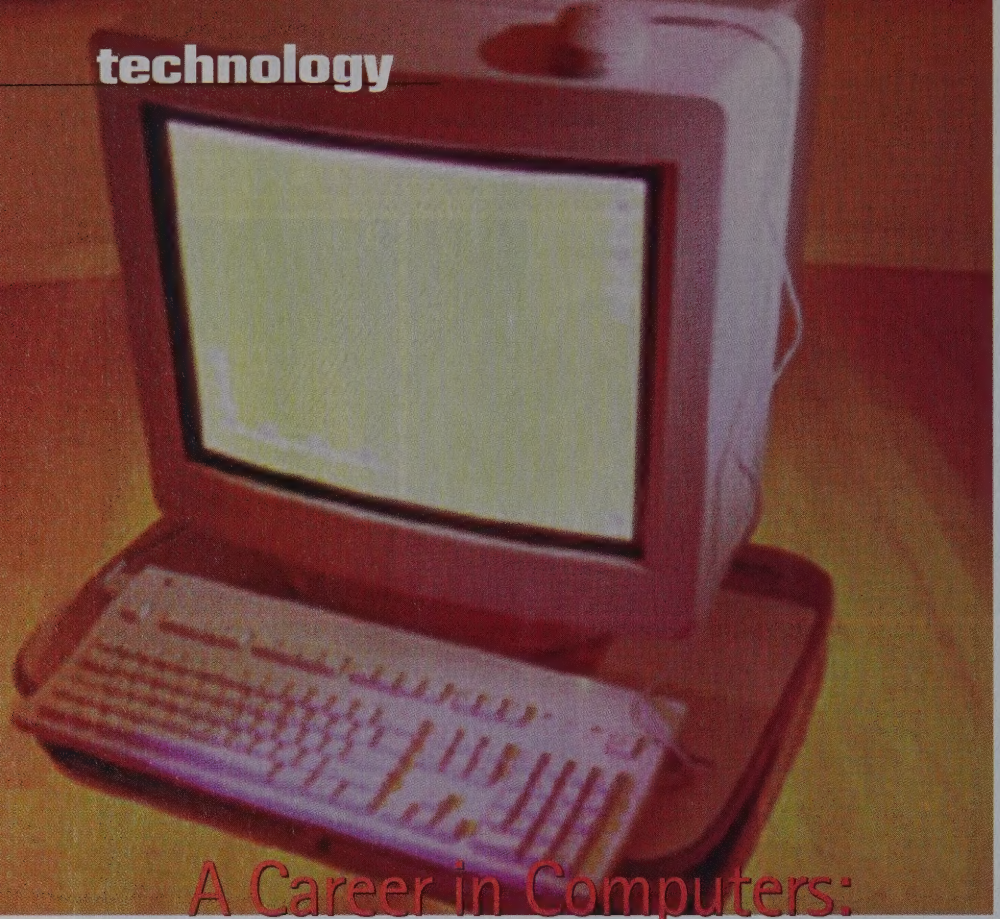
May 1998/RL-589



1 Atlanta Playwrite **Dr. Shirlene Holmes** performing at Drama Divas, New York City. 2 **Board of GMAD** with NYC Councilman Phil Reed. 3 **Ingrid Barnes** of the Westchester Gay & Lesbian Center.

These women attended the 20th Anniversary of Astrea National Lesbian Foundation at the Sheraton NYC

4 (L to R) **Author Cathy Cohen, Author Cheryl Clarke** of Rutgers University, **E. Frances White, and Gerald Fergeson.** 5 (L to R) **Tracey Little** of African Ancestral Lesbians United for Societal Change, AALUSC, **Glazia Mullen, and Collette Carter.** 6 (L to R) **Lori Coleman, Candice Boyce** or AALUSC, **Karen Sebastian, Christine Edwards, Phyllis Brower, and Norma Lowry.** 7 (L to R) **Delcia Clarence, Kim Ford, and Dulce Reyes** of AALUSC.



A Career in Computers: Getting Your Foot in the Door!

Everyone has at least one friend who 'works with computers.' We want to know how to get into the computer field. The question is: how? In this day and age a computer degree, although preferred by the majority of companies, is not necessary. If you're willing to sharpen your skills and place yourself on the techincal market, getting your foot into the door can prove to be a lucrative career option.

FIRST:

PURCHASE A COMPUTER!

Like most electronic equipment, computer prices are falling at a steady rate and can be purchased at prices around the $1000 mark. Purchasing a computer is like a car sale, however. Don't go to a showroom to get a Ferrari because it looks good: focus on functionality! Bring a knowledgeable friend with you to purchase one so that they can help you decide what computer equipment and protection plans work best for you and your budget . If a computer is not in your budget, consider utilizing one at the local library, educational institution, or cybercafés-a combination of a café and a computer lab.

SECONDLY:

GET IN ON THE GROUND FLOOR

Try applying for a part-time or even a full-time position as customer support technician. Many companies are willing to train new employees in various hardware and software skills that would assist their clients. Specialization of this sort will help you discover what facet of the computer field you would like to explore. Also remember that most computer companies are hiring not only people who are technologically astute but who also have good customer relation and communication skills as well.

AND FINALLY:

DON'T BE AFRAID TO ASK QUESTIONS

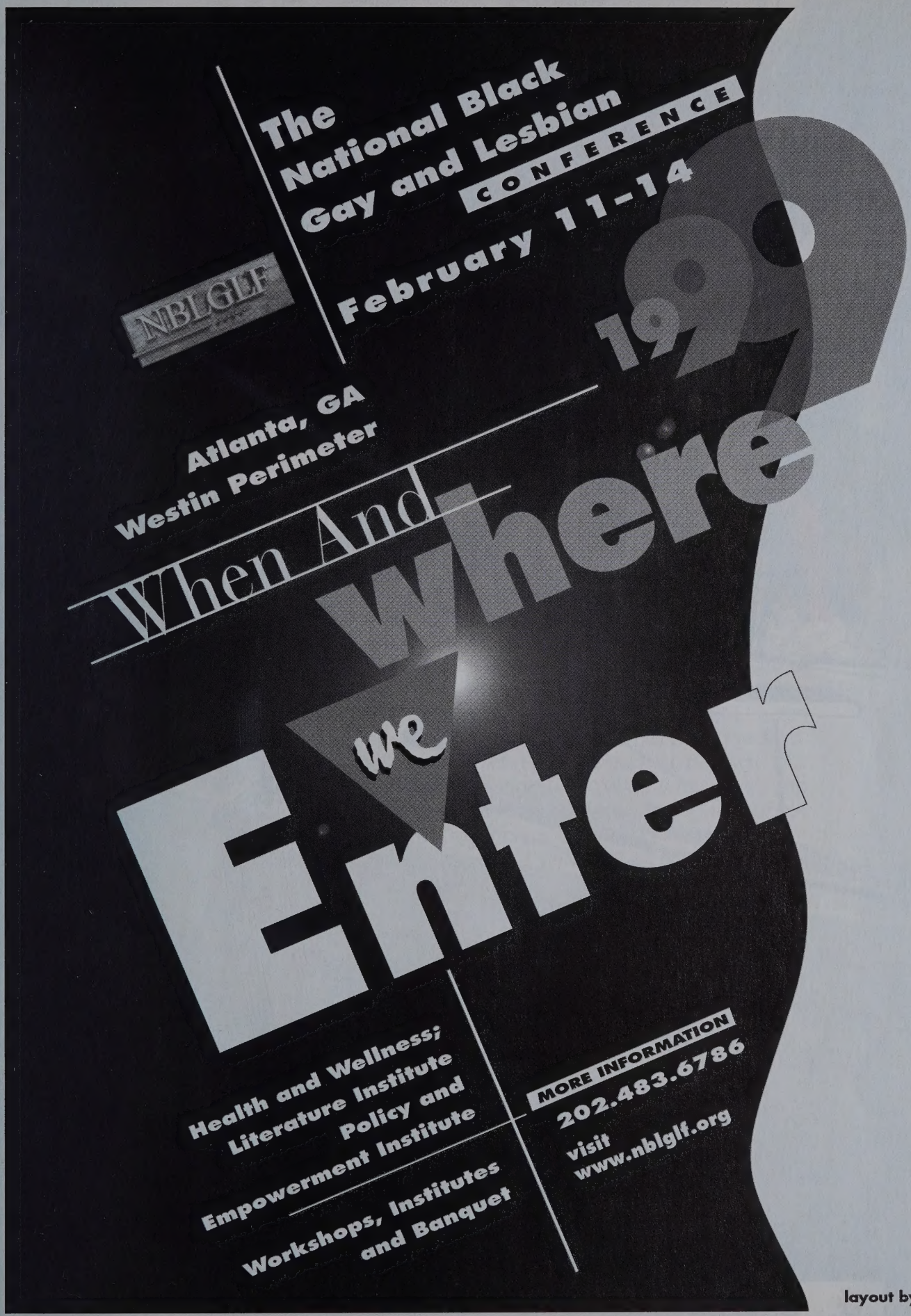
Ask your friends in the computer field about their strategies and technical career moves. Most likely you'll find that your questions and challeges are common. Breaking into the computer field is not easy. Like everything else it requires hard work and perseverance. Also, the computer field is multi-faceted and volatile, so be prepared for change! Good luck!

–Eric Flavors

in the pocket!

If you've finally gotten over lugging your laptop around, then new IBM WorkPad PC Companion offers instant, portable access to an address book, date book, memo pad and to do list with technology that fits neatly into your pocket [or pocketbook!]. You can manage time, tasks and e-mail; track contracts, customers and expenses, get fast access to important business and enterprise data, and streamline communications with convenient e-mail and Internet connectivity. The synchronizing cradle provides simple and quick one-button data backup and synchronization between the WorkPad and a desktop PC. For a list of other features and information about the new IBM WorkPad PC Companion, visit http://www.venus-magazine.com/ibm.html or call 1-888-426-5800.

Be sure to give the Venus Magazine Online Priority Code, 6G8CB006, for your special discount! For each WorkPad ordered, a donation will be made directly to the National Black Lesbian & Gay Leadership Forum.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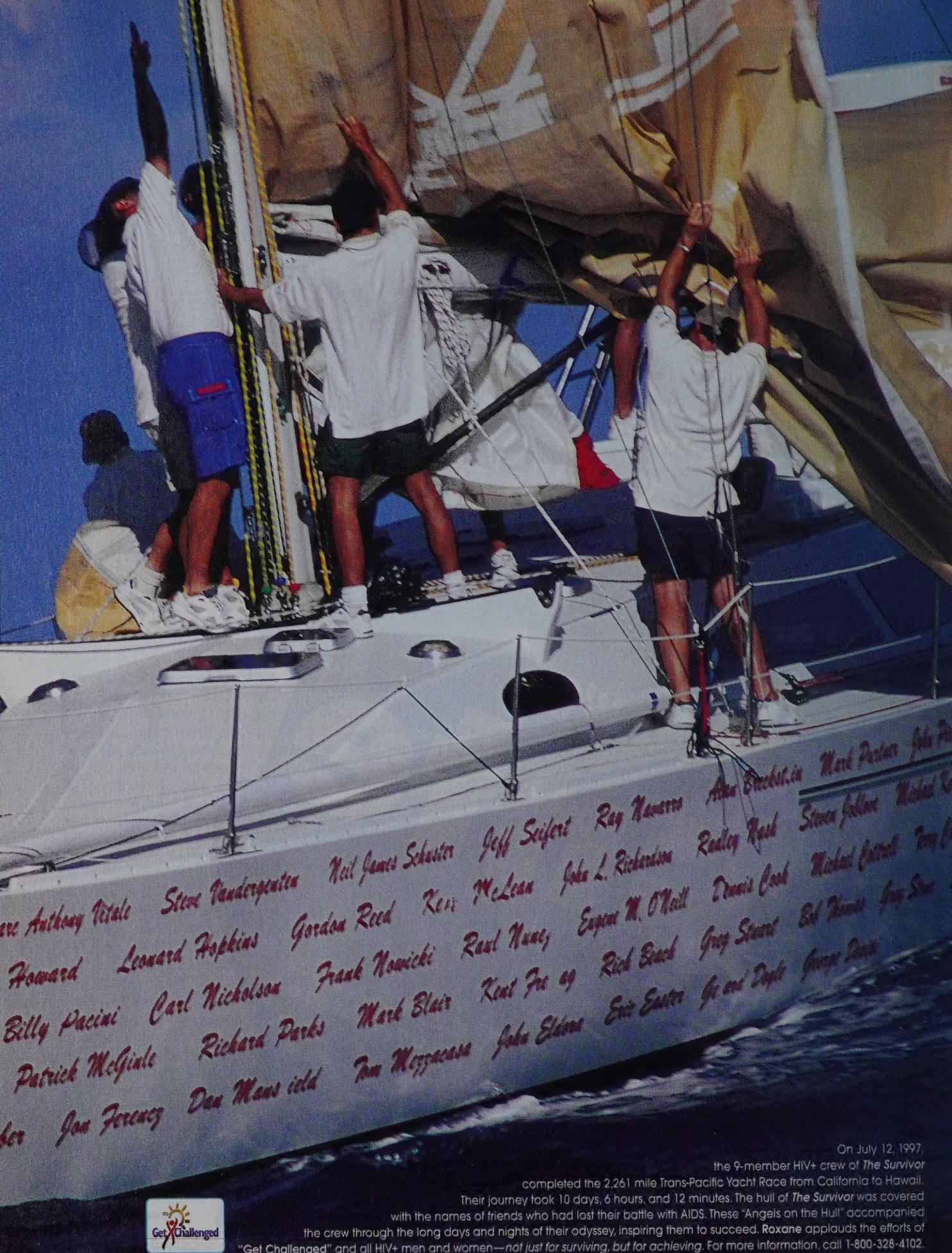
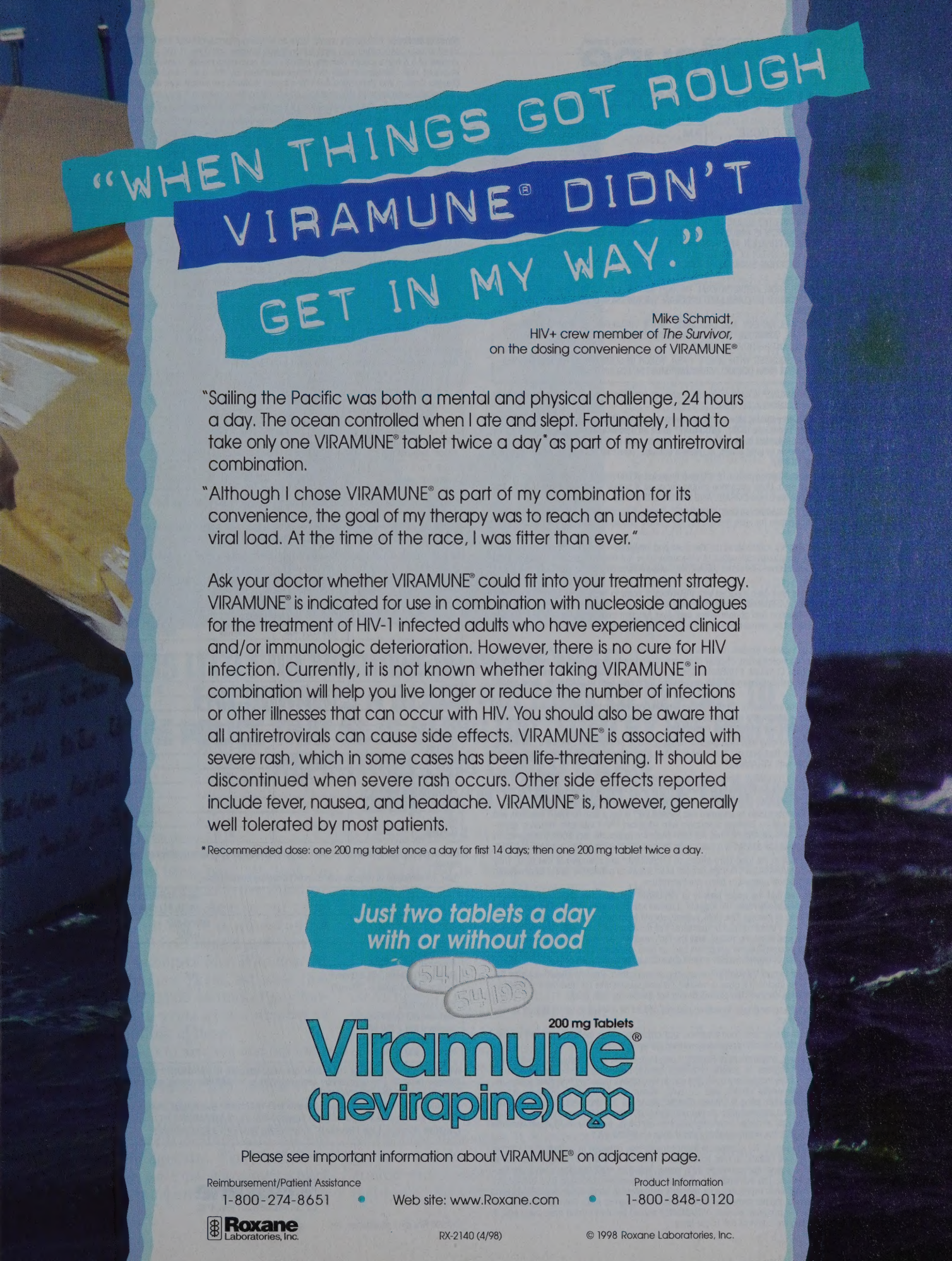


On July 12, 1997, the 9-member HIV+ crew of ***The Survivor*** completed the 2,261 mile Trans-Pacific Yacht Race from California to Hawaii. Their journey took 10 days, 6 hours, and 12 minutes. The hull of ***The Survivor*** was covered with the names of friends who had lost their battle with AIDS. These "Angels on the Hull" accompanied the crew through the long days and nights of their odyssey, inspiring them to succeed. **Roxane** applauds the efforts of "Get Challenged" and all HIV+ men and women—*not just for surviving, but for achieving.* For more information, call 1-800-328-4102.



"WHEN THINGS GOT ROUGH VIRAMUNE® DIDN'T GET IN MY WAY."

Mike Schmidt,
HIV+ crew member of *The Survivor*,
on the dosing convenience of VIRAMUNE®

"Sailing the Pacific was both a mental and physical challenge, 24 hours a day. The ocean controlled when I ate and slept. Fortunately, I had to take only one VIRAMUNE® tablet twice a day* as part of my antiretroviral combination.

"Although I chose VIRAMUNE® as part of my combination for its convenience, the goal of my therapy was to reach an undetectable viral load. At the time of the race, I was fitter than ever."

Ask your doctor whether VIRAMUNE® could fit into your treatment strategy. VIRAMUNE® is indicated for use in combination with nucleoside analogues for the treatment of HIV-1 infected adults who have experienced clinical and/or immunologic deterioration. However, there is no cure for HIV infection. Currently, it is not known whether taking VIRAMUNE® in combination will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. You should also be aware that all antiretrovirals can cause side effects. VIRAMUNE® is associated with severe rash, which in some cases has been life-threatening. It should be discontinued when severe rash occurs. Other side effects reported include fever, nausea, and headache. VIRAMUNE® is, however, generally well tolerated by most patients.

*Recommended dose: one 200 mg tablet once a day for first 14 days; then one 200 mg tablet twice a day.

Just two tablets a day with or without food

200 mg Tablets

Viramune®
(nevirapine)

Please see important information about VIRAMUNE® on adjacent page.

Reimbursement/Patient Assistance
1-800-274-8651 • Web site: www.Roxane.com • Product Information 1-800-848-0120

Roxane Laboratories, Inc.

RX-2140 (4/98)

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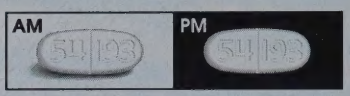
Viramune®
200 mg Tablets

(nevirapine)

Simple maintenance dose:
one 200 mg tablet twice daily



BRIEF SUMMARY

WARNING:

VIRAMUNE® (NEVIRAPINE) IS INDICATED FOR USE IN COMBINATION WITH NUCLEOSIDE ANALOGUES FOR THE TREATMENT OF HIV-1 INFECTED ADULTS WHO HAVE EXPERIENCED CLINICAL AND/OR IMMUNOLOGIC DETERIORATION. THIS INDICATION IS BASED ON ANALYSIS OF CHANGES IN SURROGATE ENDPOINTS IN STUDIES OF UP TO 48 WEEKS DURATION. AT PRESENT, THERE ARE NO RESULTS FROM CONTROLLED CLINICAL TRIALS EVALUATING THE EFFECT OF VIRAMUNE® WITH NUCLEOSIDE ANALOGUES ON THE CLINICAL PROGRESSION OF HIV-1 INFECTION, SUCH AS THE INCIDENCE OF OPPORTUNISTIC INFECTIONS OR SURVIVAL.

THE DURATION OF BENEFIT FROM ANTIRETROVIRAL THERAPY MAY BE LIMITED. ALTERATION OF ANTIRETROVIRAL THERAPIES SHOULD BE CONSIDERED IF DISEASE PROGRESSION OCCURS WHILE PATIENTS ARE RECEIVING VIRAMUNE®.

RESISTANT VIRUS EMERGES RAPIDLY AND UNIFORMLY WHEN VIRAMUNE® IS ADMINISTERED AS MONOTHERAPY. THEREFORE, VIRAMUNE® SHOULD ALWAYS BE ADMINISTERED IN COMBINATION WITH AT LEAST ONE ADDITIONAL ANTIRETROVIRAL AGENT.

VIRAMUNE® HAS BEEN ASSOCIATED WITH SEVERE RASH, WHICH IN SOME CASES HAVE BEEN LIFE-THREATENING. WHEN SEVERE RASH OCCURS, VIRAMUNE® MUST BE DISCONTINUED.

CONTRAINDICATIONS: VIRAMUNE® is contraindicated in patients with clinically significant hypersensitivity to any of the components contained in the tablet.

WARNINGS: Severe and life-threatening skin reactions have occurred in patients treated with VIRAMUNE®, including Stevens-Johnson syndrome (SJS). VIRAMUNE® must be discontinued in patients developing a severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise. (see PRECAUTIONS, Information for Patients; ADVERSE REACTIONS)

VIRAMUNE® therapy must be initiated with a 14-day lead-in period of 200 mg/day, which has been shown to reduce the frequency of rash. Dose escalation should not occur if rash is observed during this lead-in period until the rash has resolved. (see DOSAGE AND ADMINISTRATION)

PRECAUTIONS: ***General:*** When administering VIRAMUNE® as part of an antiretroviral treatment regimen, the complete product information for each therapeutic component should be consulted before initiation of treatment.

While nevirapine is extensively metabolized by the liver and nevirapine metabolites are extensively eliminated by the kidney, the pharmacokinetics of nevirapine have not been evaluated in patients with either hepatic or renal dysfunction. Therefore, VIRAMUNE® should be used with caution in these patient populations.

Abnormal liver function tests have been reported with VIRAMUNE®, some in the first few weeks of therapy, including cases of hepatitis. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe liver function test abnormalities until liver function tests return to baseline values. VIRAMUNE® treatment should be permanently discontinued if liver function abnormalities recur on readministration.

Drug Interactions: Although clinical studies have not been conducted, induction of CYP3A by nevirapine may result in lower plasma concentrations of other concomitantly administered drugs that are extensively metabolized by CYP3A. (see CLINICAL PHARMACOLOGY) Thus, if a patient has been stabilized on a dosage regimen for a drug metabolized by CYP3A, and begins treatment with VIRAMUNE®, dose adjustments may be necessary.

Rifampin/Rifabutin: There are insufficient data to assess whether dose adjustments are necessary when nevirapine and rifampin or rifabutin are coadministered. Therefore, these drugs should only be used in combination if clearly indicated and with careful monitoring.

Protease Inhibitors: Nevirapine may decrease plasma concentrations of protease inhibitors. Therefore, until clinical data are available that evaluate the need for dose adjustments, these drugs should not be administered concomitantly with VIRAMUNE®.

Oral Contraceptives: There are no clinical data on the effects of nevirapine on the pharmacokinetics of oral contraceptives. Nevirapine may decrease plasma concentrations of oral contraceptives (also other hormonal contraceptives); therefore, these drugs should not be administered concomitantly with VIRAMUNE®.

Information for Patients: Patients should be informed that VIRAMUNE® is not a cure for HIV-1 infection, and that they may continue to experience illnesses associated with advanced HIV-1 infection, including opportunistic infections. Treatment with VIRAMUNE® has not been shown to reduce the incidence or frequency of such illnesses, and patients should be advised to remain under the care of a physician when using VIRAMUNE®.

Patients should be informed that the long-term effects of VIRAMUNE® are unknown at this time. They should also be informed that VIRAMUNE® therapy has not been shown to reduce the risk of transmission of HIV-1 to others through sexual contact or blood contamination.

Patients should be instructed that the major toxicity of VIRAMUNE® is rash and should be advised to promptly notify their physician of any rash. The majority of rashes associated with VIRAMUNE® occur within the first 6 weeks of initiation of therapy. Therefore, patients should be monitored carefully for the appearance of rash during this period. Patients should be instructed that dose escalation is not to occur if any rash occurs during the two-week lead-in dosing period, until the rash resolves. Any patient experiencing severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise should discontinue medication and consult a physician.

Patients should be informed to take VIRAMUNE® every day as prescribed. Patients should not alter the dose without consulting their doctor. If a dose is missed, patients should take the next dose as soon as possible. However, if a dose is skipped, the patient should not double the next dose.

VIRAMUNE® may interact with some drugs; therefore, patients should be advised to report to their doctor the use of any other medications.

Patients should be instructed that oral contraceptives and other hormonal methods of birth control should not be used as a method of contraception in women taking VIRAMUNE®.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term carcinogenicity studies of nevirapine in animals are currently in progress. In genetic toxicology assays, nevirapine showed no evidence of mutagenic or clastogenic activity in a battery of *in vitro* and *in vivo* assays including microbial assays for gene mutation (Ames: Salmonella strains and *E. coli*), mammalian cell gene mutation assays (CHO/HGPRT), cytogenetic assays using a Chinese hamster ovary cell line and a mouse bone marrow micronucleus assay following oral administration. In reproductive toxicology studies, evidence of impaired fertility was seen in female rats at doses providing systemic exposure, based on AUC, approximately equivalent to that provided with the recommended clinical dose of VIRAMUNE®.

Pregnancy: Pregnancy Category C: No observable teratogenicity was detected in reproductive studies performed in pregnant rats and rabbits. In rats, a significant decrease in fetal body weight occurred at doses providing systemic exposure approximately 50% higher, based on AUC, than that seen at the recommended human clinical dose. The maternal and developmental no-observable-effect level dosages in rats and rabbits produced systemic exposures approximately equivalent to or approximately 50% higher, respectively, than those seen at the recommended daily human dose, based on AUC. There are no adequate and well-controlled studies in pregnant women. VIRAMUNE® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Preliminary results from an ongoing pharmacokinetic study (ACTG 250) of 10 HIV-1-infected pregnant women who were administered a single oral dose of 100 or 200 mg VIRAMUNE® at a median of 5.8 hours before delivery, indicate that nevirapine readily crosses the placenta and is found in breast milk. Consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV, mothers should discontinue nursing if they are receiving VIRAMUNE®.

Pediatric Use: Safety and effectiveness of VIRAMUNE® in pediatric patients have not been established.

VIRAMUNE® has been studied in two open-label, uncontrolled trials (BI 882, BI 892) in 37 HIV-1-infected pediatric patients with a median age of 0.9 years (range: 0.1 to 15 years) who were treated for a median duration of 20.7 months. Seven patients developed rashes while receiving VIRAMUNE®. In an ongoing, controlled trial of VIRAMUNE® combination therapy in HIV-1-infected pediatric patients (ACTG 245), one of approximately 288 patients treated with VIRAMUNE® experienced Stevens-Johnson syndrome.

Because there are no data on multi-dose pharmacokinetics in children, no recommendation on dosing can be made. Based on single-dose pharmacokinetics in 9 HIV-1-infected pediatric patients (age 9 mos. to 14 years) who were administered nevirapine in a suspension formulation, it appears that oral clearance is approximately 2-fold greater in children when compared to adults.

ADVERSE REACTIONS: The most frequently reported adverse events related to VIRAMUNE® therapy were rash, fever, nausea, headache, and abnormal liver function tests.

The major clinical toxicity of VIRAMUNE® is rash, with VIRAMUNE®-attributable rash occurring in 17% of patients in combination regimens in Phase II/III controlled studies. Thirty-seven percent of patients treated with VIRAMUNE® experienced rash compared with 20% of patients treated in control groups of either ZDV+ddI or ZDV alone (Table 1). Severe or life-threatening rash occurred in 7.6% of VIRAMUNE®-treated patients compared with 1.2% of patients treated in the control groups.

Rashes are usually mild to moderate, maculopapular erythematous cutaneous eruptions, with or without pruritus, located on the trunk, face and extremities. The majority of severe rashes occurred within the first 28 days of treatment; 25% of the patients with severe rashes required hospitalization; and one patient required surgical intervention. All patients recovered. Overall, 7% of patients discontinued VIRAMUNE® due to rash.

Table 1: Percentage of patients with rashes in controlled trials[a]

	ACTG 241[b]		BI 1037		BI 1011		COMBINED DATA	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV	NVP+ZDV	ZDV	NVP	CONTROL
n	197	201	30	30	25	24	252	255
Rash events of all Grades and all causality	39.6%	23.9%	26.7%	6.7%	32.0%	4.2%	37.3%	20.0%
Grade 3 or 4 rash events, all causality	8.1%	1.5%	3.3%	0%	8.0%	0%	7.6%	1.2%

[a] At recommended dose of one 200 mg tablet daily for the first 14 days followed by one 200 mg tablet twice daily

[b] Trial ACTG 241 was designed to report Grade 3/4 (severe or life-threatening) events; except for several pre-specified events including rash for which all grades are reported

Table 2 lists treatment-related clinical adverse events that occurred in patients receiving VIRAMUNE® in ACTG 241 and in Trials BI 1037 and BI 1011.

Table 2: Comparative Incidence of Selected Drug-Related Events in Controlled Trials

	ACTG 241		Trial BI 1037 and BI 1011	
	Grade 3/4 events		All severities	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV alone
Number of patients	197	201	55	30
Overall incidence of related adverse events	31%	23%	42%	33%
Rash	8	2	20	3
Fever	3	3	11	3
Nausea	5	4	9	3
Headache	3	3	11	0
Diarrhea	2	2	0	0
Abdominal pain	1	2	2	0
Ulcerative stomatitis	0	0	4	0
Peripheral Neuropathy	0	2	0	0
Paraesthesia	1	0	2	0
Myalgia	1	0	2	7
Hepatitis	1	0	4	0

Laboratory Abnormalities: Table 3 summarizes marked laboratory abnormalities occurring in three controlled studies.

Table 3: Percentage of patients with marked laboratory abnormalities

	Data combined for controlled trials ACTG 241, BI 1037 & BI 1011	
	VIRAMUNE® n=252	Control n=255
Hematology		
Decreased Hg (<8.0 g/dL)	1.2%	2.0%
Decreased platelets (<50,000/mm³)	0.8	0.8
Decreased neutrophils (<750/mm³)	11.1	10.2
Blood chemistry		
Increased ALT (>250 U/L)	3.4	3.5
Increased AST (>250 U/L)	2.0	2.4
Increased GGT (>450 U/L)	2.4	1.2
Increased total bilirubin (>2.5 mg/dL)	0.4	1.2

Asymptomatic elevations in GGT levels are more frequent in VIRAMUNE® recipients than in controls. Because hepatitis has occasionally been reported in VIRAMUNE®-treated patients, monitoring of liver function tests should be considered.

OVERDOSAGE: There is no known antidote for VIRAMUNE® overdosage. No acute toxicities or sequelae were reported for one patient who ingested 800 mg of VIRAMUNE® for one day.

CAUTION FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION

Roxane Laboratories, Inc.

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RX-2140 (4/98)

ERNEST MONTGOMERY

continued from page 19

lovers' quarrel, that it's just a fight or it's just boys being boys. We look for every possible excuse to deny that we have a serious problem in our community, but there is no escaping the facts. David Island and Patrick Letellier, authors of Men *Who Beat the Men Who Love Them*, estimate that their are 500,000 victims of gay battering each year, with a number of these resulting in death.

In addition to denying and minimizing the severity of this problem, we say that it is not in our best interest to air our dirty laundry to a homophobic, racist and sexist community. This is especially true if dealing with law enforcement agencies. There is little or nothing in place that encourages a black gay man to report to the police that he is being battered by his partner. Reporting this could mean having to acknowledge that he is gay. He may not be ready to come out and it may not be safe to do so. Also, he risks being laughed at by the police and told to 'be a man'. It is no secret that the law enforcement community has historically been cruel to black men. Even when we are victims of a crime, we are treated as the perpetrators. Where is a black male victim of battering to go for safety?

Even as we decide whether or not to involve the police, we struggle with recognizing whether or not we are in an abusive relationship. It is difficult for us to accept that the man we fell in love with is now abusing us. It is important to understand that batterers do not walk around with a sign on their forehead that reads, "Batterer on board." On the contrary, these men present themselves as charming, wonderful, caring and sensitive during dating and the early stages of a relationship. And likewise, no one enters a relationship expecting or wanting to be battered.

In order to determine whether you are in an abusive relationship, it is helpful to understand the definition of battering. Ann Jones, author of *Next Time She'll Be Dead: Battering & How to Stop It*, says, "Battering is not a series of isolated blowups. It is a process of deliberate intimidation intended to coerce the victim to do the will of the victimizer. The batterer is not just losing his temper, not just suffering from stress, not just manifesting "insecurity" by something the victim did. These are excuses for violence." Island and Letellier define "gay men's domestic violence" as any unwanted physical, psychological abuse, or material or property destruction inflicted by one man on another.

Examples of physical violence include forced anal, oral, or genital contact, being choked, punched, kicked, pushed, shoved, slapped, grabbed, or being forced to have sex without a condom.

THERE IS LITTLE OR NOTHING IN PLACE THAT ENCOURAGES A BLACK GAY MAN TO REPORT TO THE POLICE THAT HE IS BEING BATTERED BY HIS PARTNER. REPORTING THIS COULD MEAN HAVING TO ACKNOWLEDGE THAT HE IS GAY.

Examples of psychological and emotional violence include being ignored, neglected, isolated, lied to, ridiculed, having one's life threatened, threatening to leave the relationship, threatening to 'out' his sexual orientation. Examples of material or property destruction include destroying clothes, damaging vehicles, breaking furniture, windows and other valuables.

If you've begun to question whether you are in an abusive relationship, the odds are good that you are. Take the risk and talk to someone you trust about what's going on in your relationship. Also, read David Island and Patrick Letellier's book. I recommend it to anyone who wishes to learn more about gay battering and I hope that's everyone.

Ulester V. Douglas

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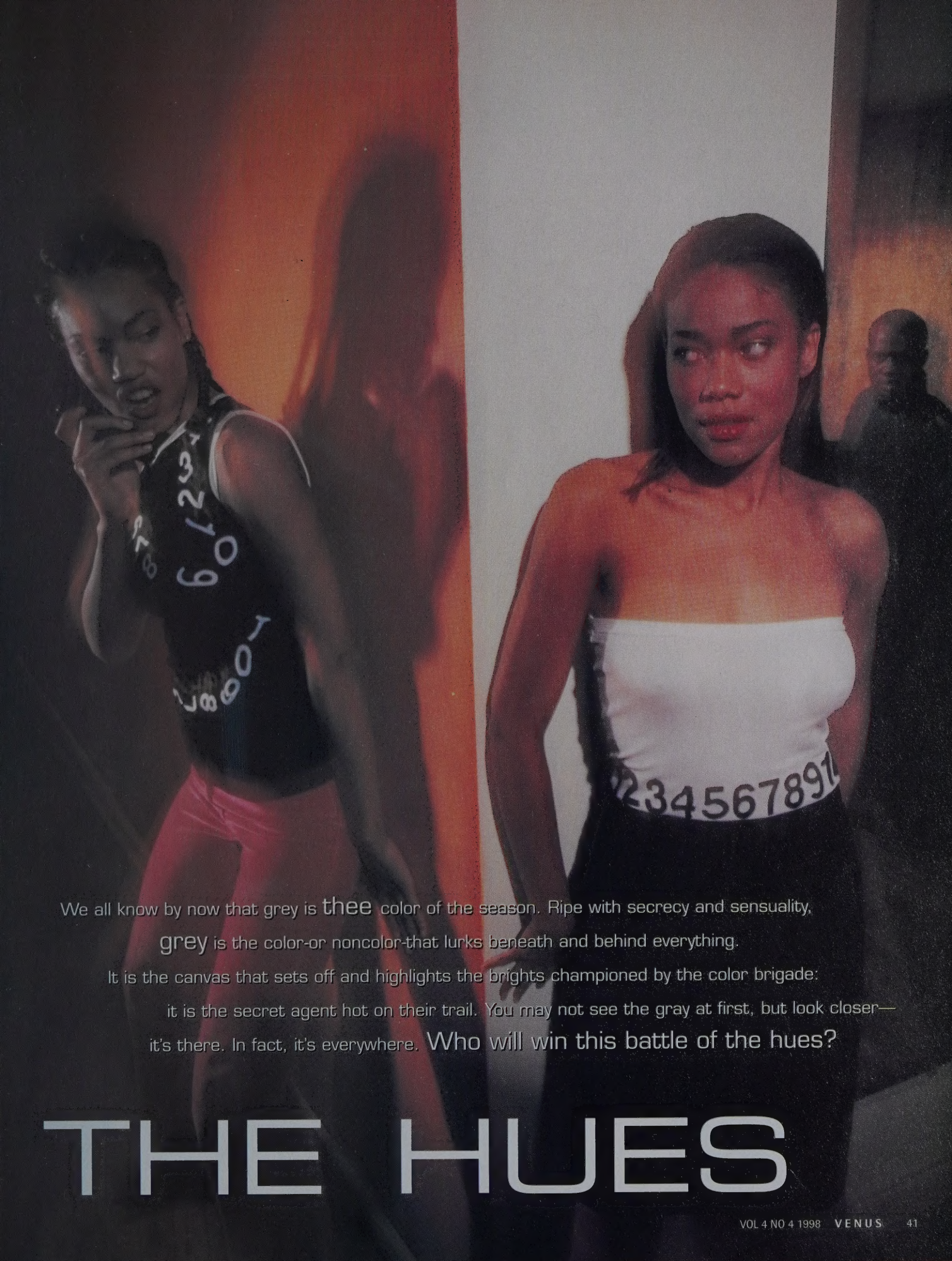
Derrin and Gbenga for Rage

BATTLE OF



We all know by now that grey is thee color of the season. Ripe with secrecy and sensuality, grey is the color-or noncolor-that lurks beneath and behind everything. It is the canvas that sets off and highlights the brights championed by the color brigade: it is the secret agent hot on their trail. You may not see the gray at first, but look closer—it's there. In fact, it's everywhere. Who will win this battle of the hues?

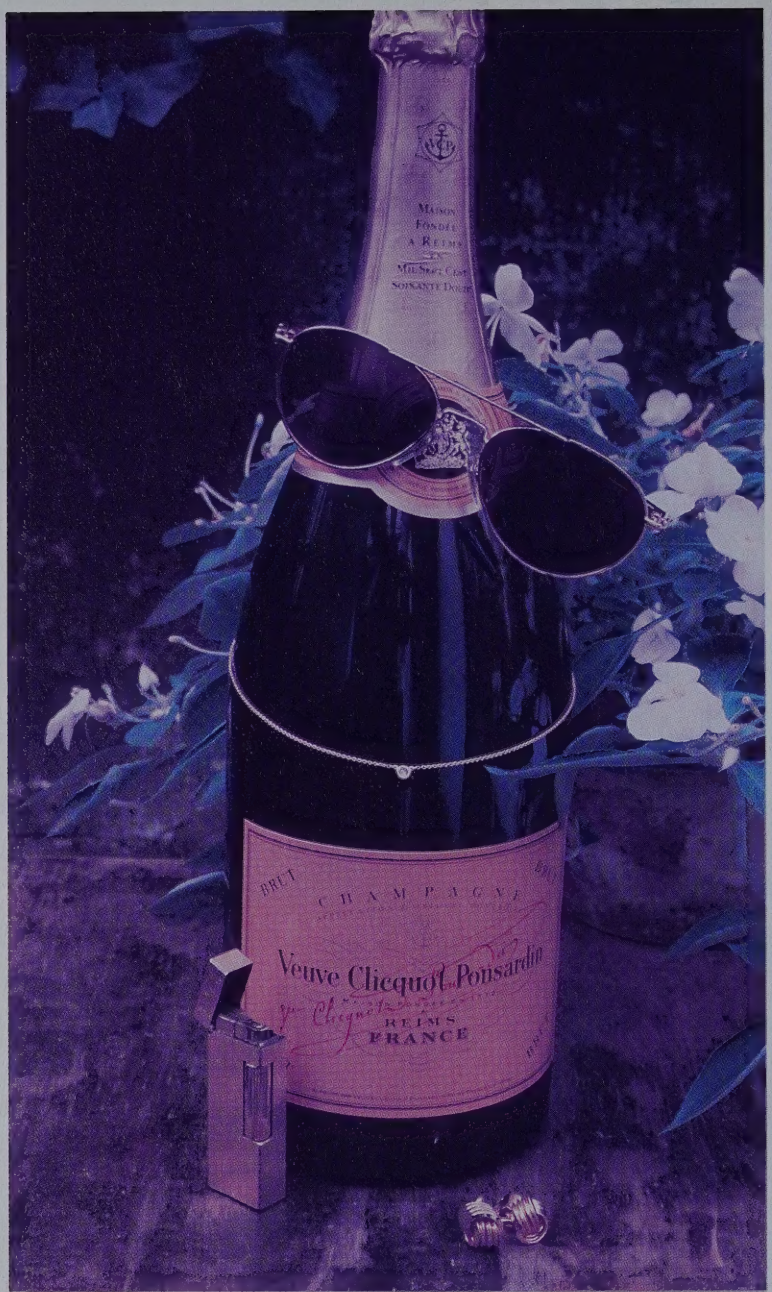
THE HUES

pg 40 1968 ribbed stretch velvet long sleeve top by Robert E. Knight and orange quilted jean by James Livingston. Wool jersey turtleneck and wool plaid pants by James Livingston. Two-toned grey camp shirt with jersey painter pain by James Livingston. V-neck long sleeve mohair sweater by French Connection with black column skirt with patent leather trim by Robert E. Knight. Sequins fuschia mini-dress by French Connection. **pg 41** Numbered spandex Bandu top by Robert E. Knight with hot pink velvet pant by French Connection. Numbered spandex tube dress by Robert E. Knight Grey cable knit sweater by French Connection **pg 42** All the colored turtlenecks are double knit jersey by James Livingston

WARM YOUR SWEETHEART

with these treasured wool sweaters and scarves. Add color to Valentine's Day.

EDITOR: Ernest Montgomery ■ STYLIST: Ruth Geyer for Geyer's Urban Designs



THE GIFT OF GIVING

Journal and Pens: (left) All Items From: Kate's Paperie, Nocentini-Brown Leather $34.00, La Obra-Tan Leather $110, Sterling Silver Fountain Pen-$395, Black Resin & Gold $425, (top left) **Gold items** Magnum Vueve Cliquot Champagne $150, Giorgio Armani Gold Aviator Sunglass-$175, Retro-Dunhill 14K Gold Lighter $650, Tiffany 92s Elsa Perreti Diamond Solitaire, 25 Carat $700, Tiffany 18K Gold Knot Cuff Links $150 **Dishes:** Japanese Square Dinner Plates-Pottery Barn $9.99, Japanese Rice Bowl-Pottery Barn $5.99, Vintage Saki Bottle $45. **Pajamas:** Giorgio Armani Silk Pajamas $795. **Sweaters:** Cream Cashmere Crew-Neck by Donna Karan $550, Burnt Orange Mohair Mock Turlteneck by Byblos $230, Chocolate Cashmere Turtleneck by Barney 92s $335, Cashmere by Club Room $200, Yellow Cashmere Scarf by Christian Dior $150, Louis Vuitton Travel Bag $650

Wimmin Ski Blast '99

Looking for a cool way to heat up your Valentine? Treat her to an all-girl party on the slopes of Boston! The trip is actually scheduled for the weekend after Valentines day but that works out just fine for the scores of gorgeous sistahs preparing to leave NY on February 19-21, 1999.
The signature event during the 'Blast' has got to be the 'Wear What You Dare, Even Bare' Pajama Party on Friday night! Complimentary open bar & buffet everyday! Traveling alone? Personal Personals, a black lesbian dating service, will set you up with the perfect date and will continue matchmaking for you all weekend!
For more information and reservations, call (212) 388-7025 or (718) 329-3822.

Love's Little Fire-Starters

Whether strictly F.Y.I or for more personal use, we've put together facts and a Hit List of possible potions that can kick-start the libido of the most reluctant partner!

Yohimbine, a substance derived from the yohimbe tree native to Central Africa, has long been highly regarded by aphrodisiac aficionados around the world for its high sexual potency. It produces an effect on the brain that stimulates the nerves of the spinal column, which in turn stimulate the lower torso and reproductive organs.

Pepper, used as a condiment, compounded with nettle-seed, is accredited with exciting sexual impulses. Both white and red pepper are purported to have this effect.

A mushroom tea is celebrated by the natives of Tortola, a British Virgin Island nestled in the seas f the Caribbean, each month on the night of the full moon. At this time when the magnetic forces are at their greatest, the people gather at Smuggler's Cove on the west side of the island's north shore, just over Zion Hill. A special brew of wild-mushroom tea is brewed and consumed by all who attend, and the night t ransforms into a nude swimming party and all-night festival of the senses.

An apple a day not only keeps the doctor away but could attract an intended.

Many fruits ad vegetables aside from the passion fruit are report to have aphrodisiac qualities. The list includes: peaches, peas, mangoes, grapes, lentils, figs, dates, eggplants, beet, cabbage, onions, mushrooms and mustard seed, especially for women in baths!

ROCKWELLS

Remember this name
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What we've always wanted
ROCKWELLS

What we've always needed
ROCKWELLS

Some pursue happiness, others create it
finally...

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Prelude to a Kiss

Love Potions and Aphrodisiacs

Troubled by an obstinate lust in your life? Longing for someone who is wholly oblivious to your desires and advances? Well, perhaps it's time you turned to your mother-Mother Nature, that is-for a little assistance in the romance department.

Since Eve offered Adam that infamous apple, temptations have been enhanced and love spawned with a virtual encyclopedia of "mood enhancing elements" we collectively call Aphrodisiacs. Named after the mighty Aphrodite, the Greek goddess of Love, these stimulants have been rumored to be powerful agents for igniting the sparks of romance since ancients times. But only recently have the scientific experts given credence to the long-held wives' tales.

According to books like *A Dictionary of Aphrodisiacs* by Harry Wedeck and *Sexual Vitality: The Intimate Connection Between Health & Sexuality*, there are well-over 450 different elements and activities which cans jump-start the romantic heart. The litany includes natural elements like apples, bananas, bamboo shoots, basil, mangoes, yogurt, ginger, ginseng and garlic. There's also outlandish concoctions like lion's fat and nuocman, a Chinese aphrodisiac sauce made from dead fish! According to Wedeck's book, the list of activities you can undertake to lead to a passionate moment include kissing, ice cold showers, warm milk baths and even the study of mathematics! Maybe the high school math team really knew something we didn't after all?

Is Passion Fruit & Cognac Blend an Aphrodisiac?

For the definitive answer to the question one only need look to expert sources like Wedecek's dictionary, which provides evidence as to the "profound" aphrodisiac qualities of both passion fruit and cognac.

An oval-shaped, egg-sized fruit whose pulp and juice suggests a blend of lime, lemon, pineapple and guava, passion fruit was originally discovered by Jesuit missionaries working in the jungles of South America. According to sources like *Exotic Fruits and Vegetables* by Elizabeth Schneider and Wedeck's dictionary, the fruit has long been reported to have love-provoking qualities, both by the natives in its tropical home and the Europeans to whom the missionaries ultimately would introduce it.

According to Wedeck's dictionary cognac also has romance motivating qualities. Wedeck's book quotes an ancient text that says cognac is an "especially effective aphrodisiac, particularly with the addition of a little paprika or the yolk of an egg."

RECIPES FOR SEDUCTION

The marketers of Alize, the infinitely mixable combination of South American passion fruit and fine French cognac, have been hearing a great deal about the romance-inspiring qualities of their hot-selling product. Lovers of Alize seem to prefer their cognac served in a variety of ways. Here are a few sexy new cocktails created with Alize Red Passion, the cognac, passion fruit and cranberry beverage.

PASSIONATE MARGARITA
1 1/2 oz. Alize
1 oz. Tequila
1 oz. Lime Juice
Blend ingredients together with ice.
Pour into margarita glass. Garnish with a lime wedge.

RED PASSION MARTINI
2 1/2 oz Alize
1/2 oz. Campari
Shake with ice and serve up in a martini glass.

ALI-ROCKS
Pour 5 oz. of Alize over ice. Delicious as it is.

ALI-MOSA
2 oz. Alize, chilled
3 oz. Sparkling wine, chilled
Pour sparkling wine into champagne flute.
Add Alize. Garnish.

FRENCH BREEZE
2 1/2 oz. Alize
2 oz. Cranberry Juice
Splash of Club Soda
Combine Alize and cranberry juice in a tall glass over ice.
Add a splash of soda. Garnish.

CREDIT

Alizé
IMPORTED
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DE FRANCE
Alizé
KEEPIGERATED
IMPORTED FROM FRANCE
Alizé
RED PASSION

VIRACEPT IS POWERFUL It's tough on HIV. In many people, VIRACEPT lowered the amount of HIV in the blood to levels below the limit of detection of the test used, and substantially increased CD4 cell counts after 24 weeks of triple combination therapy. (The clinical significance of changes in viral RNA levels in blood has not been established. The virus may still be present in other organ systems.) **VIRACEPT IS EASY TO LIVE WITH** Take it three times a day with your normal meals or light snacks. **VIRACEPT IS GENERALLY WELL TOLERATED** People treated with VIRACEPT may experience some side effects; the most common is diarrhea of moderate or greater intensity in 20% of people in clinical trials. **VIRACEPT WORKS** It's indicated for the treatment of HIV infection when anti-HIV drug therapy is warranted. It is not yet known whether taking VIRACEPT will help you live

WHAT YOUR **PROTEASE INHIBITOR** CAN BE:

longer or reduce the number of infections or other illnesses that can occur with HIV. Some common medications and some HIV related medications should not be taken with VIRACEPT. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, and with increased bleeding in patients with hemophilia. Ask your doctor. For more information, call toll free **1-888-VIRACEPT** or visit **www.agouron.com**. (Refer to the important information on the next page.)

VIRACEPT
nelfinavir mesylate

Agouron
Pharmaceuticals, Inc.

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POWERFUL AND
EASY TO LIVE WITH.

VIRACEPT®
nelfinavir mesylate

Information for Patients About VIRACEPT® (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. You should be aware, however, that the effect of VIRACEPT on HIV in the blood has not been correlated with long-term health benefits. Patients who took VIRACEPT also had significant increases in their CD4 cell count.

VIRACEPT is usually taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. The long-term effects of VIRACEPT are not known at this time. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

It is not known whether VIRACEPT will help you live longer or reduce the number of infections or other illnesses that may occur.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Drugs you should not take with VIRACEPT:

- Seldane® (terfenadine, for allergies)
- Hismanal® (astemizole, for allergies)
- Propulsid® (cisapride, for heartburn)
- Cordarone® (amiodarone, for irregular heartbeat)
- Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others
- Ergot derivatives (Cafergot® and others, for migraine headache)
- Halcion® (triazolam)
- Versed® (midazolam)

  Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.
- Rifampin (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®

  This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with:

Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

- Phenobarbital
- Phenytoin (Dilantin® and others)
- Carbamazepine (Tegretol® and others)

  These agents may reduce the amount of VIRACEPT in your blood and make it less effective.
- Oral contraceptives ("the pill")

  If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

- Retrovir (zidovudine, AZT)
- Epivir (lamivudine, 3TC)
- Zerit (stavudine, d4T)
- Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT: Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

- Viramune® (nevirapine)

  The amount of VIRACEPT in your blood may be reduced. Studies are now taking place to learn about the safety of combining VIRACEPT with Viramune.
- Other NNRTIs

  VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

- Crixivan® (indinavir)

  The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Norvir™ (ritonavir)

  The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Invirase® (saquinavir)

  The amount of saquinavir in your blood may be increased. If used in combination with saquinavir hard gelatin capsules at 600 mg three times daily, no dose adjustments are needed. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include abdominal pain, asthenia, nausea, flatulence, and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. The light blue VIRACEPT Tablets should be taken three times a day. VIRACEPT should always be taken with a meal or a light snack. You do **not** have to take VIRACEPT exactly every 8 hours. Instead, you can take it at normal times when you are eating.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 through 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight Kg	Body Weight Lb	Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
7 to < 8.5	15.5 to <18.5	4	1	-
8.5 to <10.5	18.5 to <23	5	1¼	-
10.5 to <12	23 to <26.5	6	1½	-
12 to <14	26.5 to <31	7	1¾	-
14 to <16	31 to <35	8	2	-
16 to <18	35 to <39.5	9	2¼	-
18 to <23	39.5 to <50.5	10	2½	2
≥23	≥50.5	15	3¼	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

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Issued 11/13/97

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How exciting to get the assignment of interviewing
Jewelle Gomez, the author of *Don't Explain* and *The Gilda Stories.*
Thank goodness for the electronic age, since we live on opposite
sides of the country! I caught Jewelle in her crowded office at
the Poetry Center on the campus of San Francisco State University.
Between picking up phone calls and talking to staff members
who were barraging her with questions, she reviewed my email.
Her major distraction, she tells me, though, was the fog rolling in
over Mount Davison, which she watched from her office window.

FROM THE DE SK OF JEWELLE GOMEZ

First, Jewelle, we'd like to know about your newest book, Don't Explain

Don't Explain is a collection of short stories. I wanted a collection in which desire played a major part in many of the stories. In *White Flower,* a woman has to reconsider a sexual relationship she has. It is so hot when they're in the bed, but they can't sustain a personal connection out in the world. In another, an older woman has to decide if she's so afraid of growing older she can't accept her own desire for a young woman. Only a couple of the stories are not about desire specifically: *Steps* is about a woman who finally overcomes her sexual abuse, for example.

You were a journalism major, yes? How did you make the switch from reporter to fiction and playwright?

Because I came of age during the Black Arts Movement, I accepted the idea that art and politics are inextricably linked. I imagined I'd be a journalist reporting from some war-torn country or from the site of a civil rights picket line. And I did some writing like that for public tv in the late 1960s for *Say Brother* (WGBH) and in New York. Later, when I got my masters degree in journalism, I still had some of that fantasy in my head. It took a while to understand what I could write about since I didn't see my life reflected anywhere. When I saw Ntozake Shange's stage presentation, *For Colored Girls Who Have Considered Suicide When the Rainbow is Enuf* I realized that I didn't need to just report other people's stories I could write my own—stories about women.

I want to write about people who come to realize that they're responsible for change and accept their own ability to act, not simply react. I write alot about family and community and how we can form and reform them so we are part of a larger circle—not just out there in the world on our own.

Is your writing an act of revolution? How? Why?

In my mind, my writing is an act of revolution for a couple of reasons. First just overcoming all of society's roadblocks to my being a writer. Growing up colored and poor in the 1950s, I was offered more discouragement than support for that goal. Not from my family, but from school teachers, guidance counselors and from the general culture which creates the images that help shape who we are.

What are your goals as a writer? Where do you see your writing taking you?

I want to explore the idea of biomythography that Audre Lorde raised when she wrote *Zami.* I'm researching and writing a biomythograph of my great grandmother entitled *Grace A.* (The first chapter is in my new collection of stories) and I want to continue doing what I started with *Gilda.* That is, to take ordinary people and see where their lives are extraordnary. To take facts and embroider them to creatic an epic narrative that both entertains and enlightens. I have two long pieces I'd like to do in that vein.

And I'd like to write another play. There's nothing like live performance. Across this country—from Maine to Seattle, people of all types gave standing ovations to my play which featured black, lesbian vampires learniwng about self determination. I've always loved the energy of theatre—I worked as a stage manager in NYC for 10 years, and I wrote a monologue for my new book.

Is there some pearl of wisdom you'd like to share with us in closing?

Yes. The business of writing is a cynical one—driven more and more by profit as defined by multinational corporations—not publishers. Independent presses such as Firebrand, which publishes my work, are becoming rarer so it's important to support them and the independent bookstores which always offer more variety. I go to my local independent bookstores all the time to order books and skip the chains. As a writer who's never going to sell like Danielle Steele or Terry MacMillan, and a reader who wants variety, it's crucial that independent bookstores and publishers stay in business.

Kathleen E. Morris is author of Speaking in Whispers.

The Truth That Never Hurts: Writings on Race, Gender, and Freedom

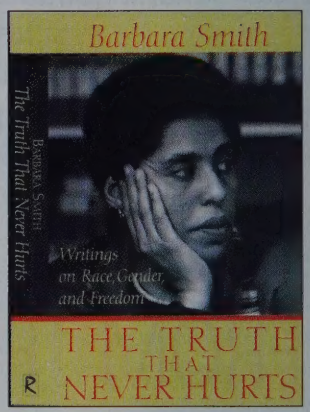
by Barbara Smith
Rutgers University Press 1998, Cloth, $22.00
ISBN 0-8135-2573-X

Barbara Smith brings together for the first time more than two decades of literary criticism and political thought about gender, race, sexuality, power and social change. Smith has done groundbreaking work in defining a black women's literary tradition; in examining the sexual politics of the lives of black and other women of color; and in representing the lives of black lesbians and gay men.

Excerpt from *The Truth That Never Hurts:*

"Perhaps the most maddening question anyone can ask me is 'Which do you put first, being Black or being a woman, being Black or being gay?' The underlying assumption is that I should prioritize one of my identities because one of them is actually more important than the rest or that I must arbitrarily choose one of them over the others for the sake of acceptance in one particular community."

—from the essay "Blacks and Gays: Healing the Great Divide"

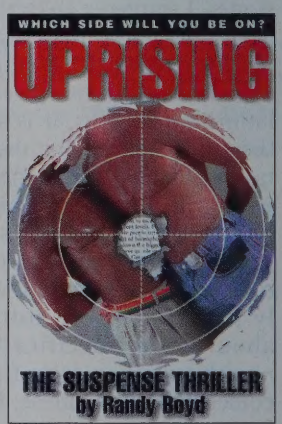


Uprising

by Randy Boyd
West Beach Books, 19998 Softcover, $11.95
ISBN 0-9665333-7-2

At the heart of this thriller is a game of mental and physical cat and mouse between two men–one black and gay, the other straight and white. Self-described as 'The Black Gay Michael Crichton', Boyd's book asks 'What if a pop star as famous as Michael Jackson or Madonna, an athlete as big as Michael Jordan and a tycoon as powerful as Ted Turner were all secretly gay? What if they all joined forces to assassinate a Jessie Helms-type senator? What if the FBI got wind of this and assigned a straight undercover agent who's a tough, blond, muscular, ex-athlete, chosen because the bureau knows the pop star has an attraction to tough, blond, muscular ex-athletes? The agent wants the glory of busting a case he hopes will be bigger than O.J., but won't get what he needs–information and evidence–unless he truly becomes a gay man in every way.

"There's an activist character named Freedom that I wrote as a white person," says Boyd. "But I swear Dennis Rodman would be perfect as him in a movie version."



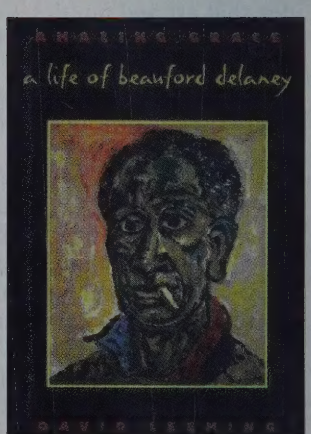
David Leeming, Amazing Grace: A Life of Beauford Delaney

New York: Oxford University Press, 1998.
Hardcover: $30.00.
ISBN 0 19 509784X.

Beauford Delaney (1901-1979) was an African-American artist, whose preferred format was the portrait. Over his career, he painted hundreds offaces, including subjects he admired from afar, such as Marian Anderson and Robert F. Kennedy, and close friends like James Baldwin. Delaney crafted abstract likenesses that captured the essence of character: the self-assurance of the diva Anderson, the optimism of a young Baldwin. In Delaney's self-portraits, we find aspects of the artist himself: cosmopolitan and suave in one, searching and disconnected in another.

David Leeming (once Baldwin's secretary) ably chronicles Delaney's journey, from his birthplace of Knoxville, Tennessee, to Boston, New York, and Paris. In these locales, we gain glimpses of Delaney's overlapping identities (homosexual, artistic, black, expatriate), triumphs, and struggles. Ambivalent about his sexuality, he often tried to repress his desire. This is the stuff of tragedy, compounded by Delaney's alcoholism and mental illness. And yet, the book does deliver its promise: the evidence of Delaney's "amazing grace," what the artist himself called "the love and faith needed for the simple truth."

Jacqueline Francis



the bull-jean stories

by sharon bridgforth
RedBone Press 1998, Softcover, $12.00
ISBN 0-9656659-1-7

sharon bridgforth is founder/writer/ artistic director of the root wy'mn theatre company in Austin, Texas.

Using traditional storytelling and nontraditional verse to chronicle the course of love returning in the lifetimes of one woman-loving-woman named bull-dog-jean, the bull-jean stories give cultural documentation and social commentary on African-American herstory and survival. Set in the rural South of the 1920s, the bull-jean stories herald the spirit of African-American people.

"...for my daughter/myself and all my mothers, I need a witness that we were here and our Lives mattered..."

sharon bridgforth

So, what are writers reading?

I just finished reading Basquiat: A Quick Killing in Art by Phoebe Hoban, the first full-length biography of the Black bisexual "Art Star" of the '80's. His quick rise and early death (he overdosed at the age of 27) haunts a lot of African-American creative people who see his story as emblematic of the ways Black Genius gets first fawned over then ignored by the larger (white) culture. Basquiat comes across in the book as both victim and instigator of his own destruction, a man at times more interested in being famous than stewarding his considerable talent, and the art world of the Reagan years appears to have been little more than a stagnant pool filled with money-hungry sharks waiting for its next victim.

It's one hell of a story.

Reginald Harris, Editor of Kuumba

music review

Monifah

Mo'Hogany

Many faceless, mediocre R&B female singers stall at the gate of mass appeal and success because of poor production, bad publicity and, of course, average voices. Spanish Harlem native Monifah has the potential and the chops to rise above them all.

Her sophomore effort "Mo'Hogany" (a nod to the Diana Ross film bearing the same name) moves the 26-year old towards solidifying her place among 90s divas who can actually sing. Overall, "Mo'Hogany" offers that promise. Monifah's breathy vocals tantalize on several cuts, almost all of them ballads.

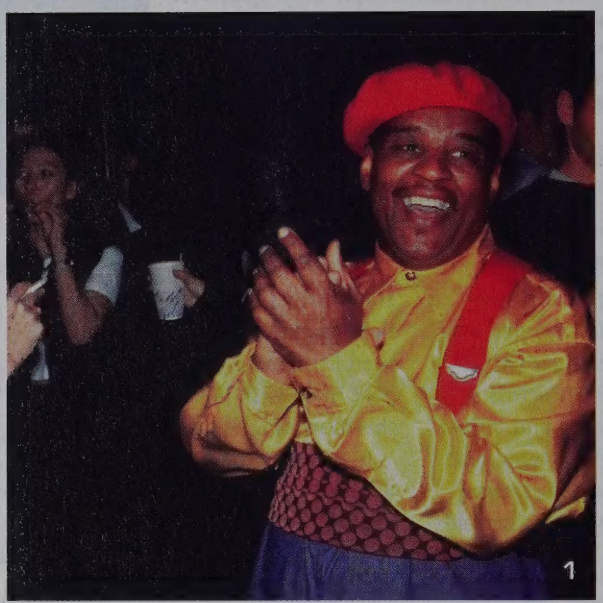
"Mo'Hogany's" lead single "Touch It," is a fun, funky tight dub jam that allows Monifah to stretch a bit. Reminiscent of Prince's "Erotic City," Monifah shows you just how bad she can be, although "Touch It" is a bit out place. It is the only uptempo cut on this disc worthy of this sister's time.

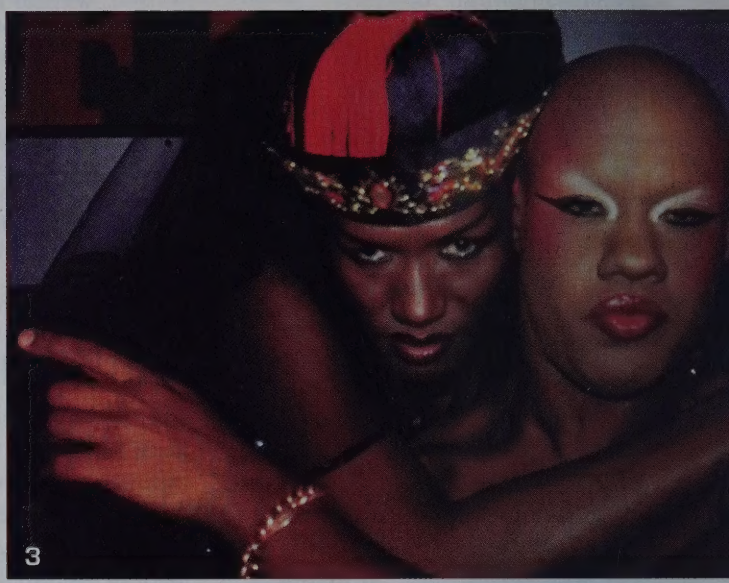
Still, Monifah delivers the goods on most of the songs on "Mo'hogany."

That said, most people looking for solid vocals and good songs will not be disappointed. On the gospel-tinged "I'm Loving You" Monifah's smoldering gifts are well on display, and make "Mo'Hogany" worth purchasing.

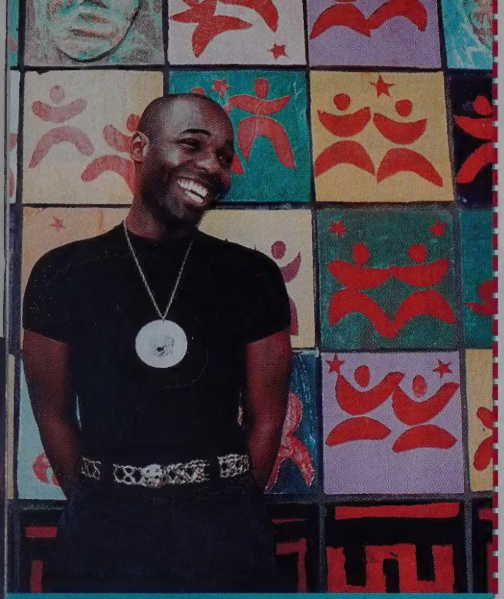
Steven Fullwood

PHOTOS BY TINA PAUL





1 Fred "Rerun" Berry at the '70s party at Wetlands **2 Lady Bunny, Donna Summer,** and **Flotilla DeBarge** at GMHC's post-concert reception for Donna Summer at the Rihga Royal Hotel, NYC **3 Grace Jones** and **Kevin Aviance** at her birthday celebration at Life, NYC **4** Seagoing musicians **Bobby Humphrey, Lionel Hampton,** and **Mary Wilson** cruise the Hudson to salute the Harlem Jazz and Music Festival with "An Evening at the Savoy"



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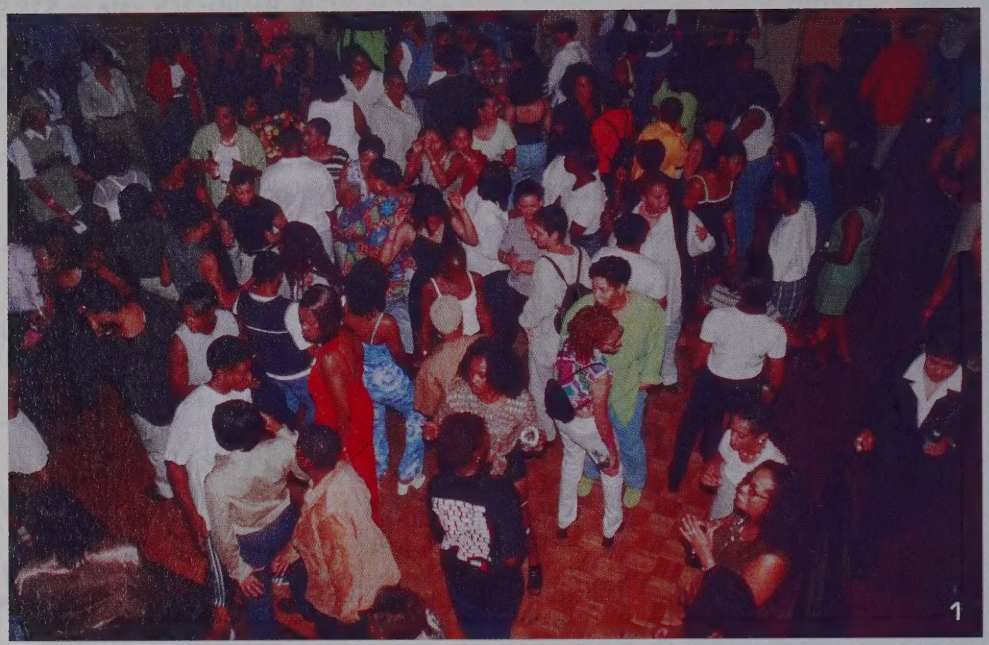
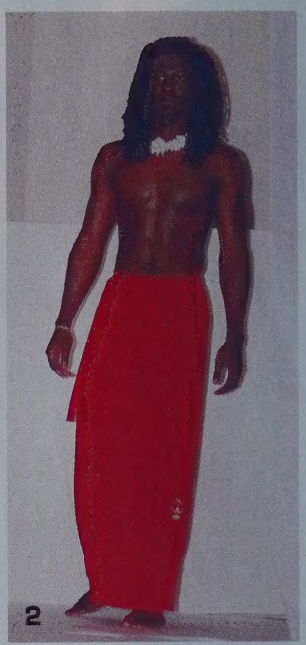
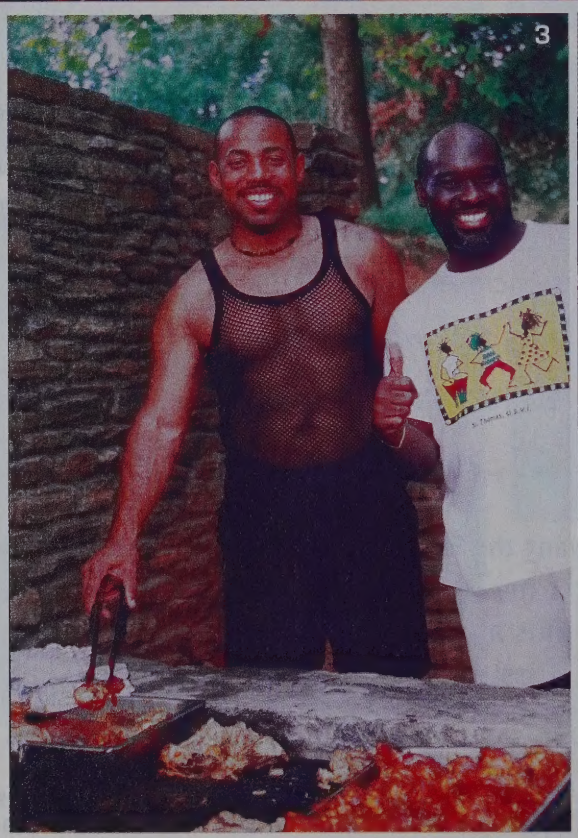
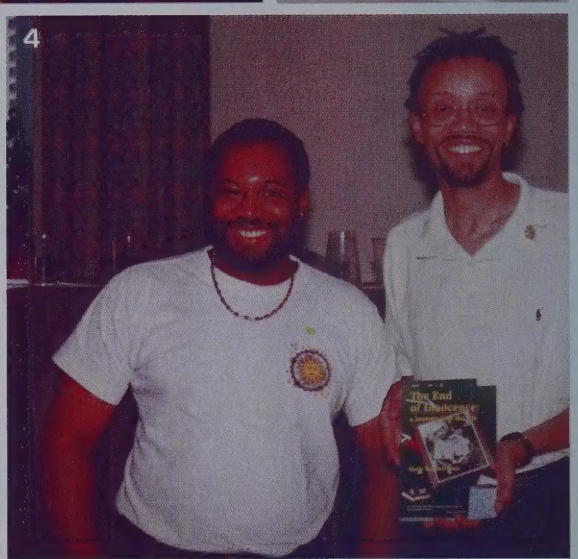


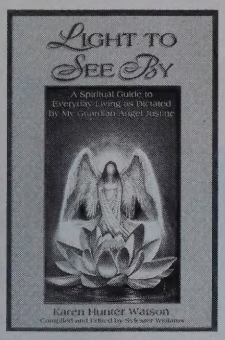






In The Life Atlanta, **1. The Gathering!** Over 600 gorgeous women packed club Jaguar to celebrate Black Pride Weekend according to event producers, Women in the Night. **2. Wear Yourself** Andre Simon wears Moshood at 'Fashion 2000-The Show of a Lifetime' **3. All in the Family** Mr. Hatcher (l) and Rev. Calvin Cooper at Black Pride Family Day in Piedmont Park **4. Black Ink** Reginald Harris (l) and Alaric Wendell Blair present their work at the ITLA Writer's Collective

THE MARKETPLACE



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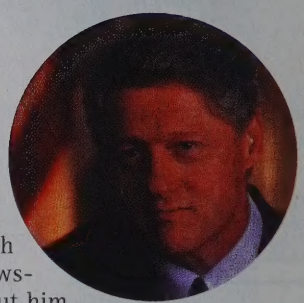
BY DON CHARLES

When I think of Bill Clinton



When I think about Bill Clinton, I'm reminded of some of the wonderful things he has done for the black community and for lesbigay Americans.

Things like his "Don't Ask, Don't Tell" military policy, which has accelerated the discharge rate for servicemen and women suspected of being homosexual (in light of the Lewinsky scandal, it becomes crystal clear why the President favors not asking and not telling). Things like his signing the Welfare Reform Act, which cut the safety net outfrom under millions of poor women and children, and left them vulnerable to the political whims of various and sundry state legislatures.

"marriage is for a man and a woman" and subsequent support of the Defense of Marriage Act (meanwhile, who was defending HIS marriage from dalliances with Miss Monica and God-only-knows-who-else?). And then I think about him running to the nearest black church congregation for salvation and a convenient soundbyte as soon as he gets caught with his Presidential pants down.

Black and gay voters have thrown solid support behind Bill Clinton mainly because of his often deceptive rhetoric

I THINK ABOUT HIM RUNNING TO THE NEAREST BLACK CHURCH CONGREGATION FOR SALVATION AND A CONVENIENT SOUNDBYTE AS SOON AS HE GETS CAUGHT WITH HIS PRESIDENTIAL PANTS DOWN.

Things like his swift abandonment of Assistant Attorney General nominee Lani Guinier after Republicans branded her with the racist moniker of "quota queen." Things like his forcing the resignation of an education-positive, gay-inclusive Surgeon General, Joycelyn Elders, for daring to talk about something (masturbation) in an academic forum that he dared to do in a workplace setting. Things like his gross distortion of comments made by activist Sistah Souljah in order to shore up redneck support during his first election campaign (does this man have black woman issues, or what?).

Things like his refusal to act on the recommendations of his own AIDS commission, recommendations which could make a crucial difference for countless of black, latino and gay lives at risk. Things like his indignant declaration that and the presence of a few high-profile black and openly gay people in his administration. How little it seems to take to make us happy. The not-so-subtle message that the President sends with his aforementioned actions, and that we help him send by looking the other way, is that people of color in general and lesbians and gay men in particular are politically expendable constituencies who can (and should) be easily manipulated.

Such a message encourages intolerance, disrespect , and in extreme cases like the Abner Louima rape in New York and the murder of Wyoming college student Matthew Shepard, senseless violence and tragedy. Speaking as a black gay man who didn't support him during the last Presidential campaign, I think about Bill Clinton...and I think we deserve much better.

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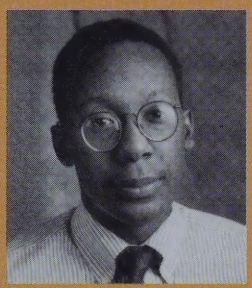

A. Cornelius Baker
National Association of People with AIDS

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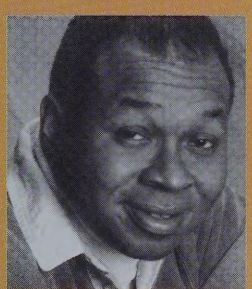

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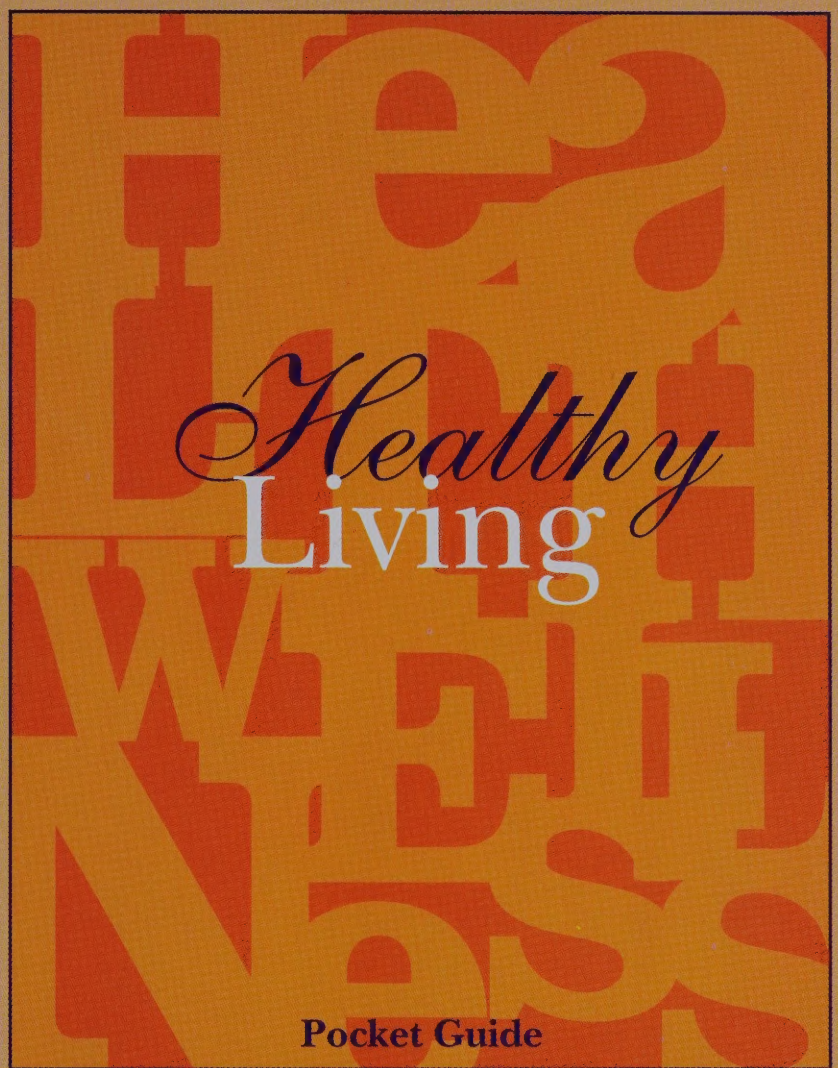
Also announcing the *1998 Healthy* Living *Community Awards* winners



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Living

Cathy and Rita could have stayed late at work and looked really dedicated, but that would have entailed staying late at work and looking really dedicated.

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